No. W 41938		Due no later than Aug 31, 2007 Annual Report Form 1. Mailing Address: Correct in this box if needed. PLAY ZONE L.L.C. AMANDA WILKINSON PO BOX 486 152 STEPHEN ST. INKOM ID 83245 USA			Registered Agent and Address (NO PO BOX) L AMANDA WILKINSON 2354 LIZ LANE INKOM ID 83245 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				2354 LIZ LA INKOM ID				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	L AMANDA	WILKINSON	2354 LIZ LANE	INKOM	ID	USA	83245	
5. Organized Under the Laws of: ID W 41938		6. Annual Report must be signed.* Signature: L. Amanda Wilkinson Name (type or print): L. Amanda Wilkinson			Date: 09/14/2007 Title: Owner			
Processed 09/14/2007		* Electronically provided signatures are accepted as original signatures.						