No. <b>W 86068</b>		Due no later than Aug 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ULUWATU, LLC LAUREL A MACKINNON 519 6TH AVE S NAMPA ID 83651		519 6TH AV NAMPA ID	LAUREL MACKINNON 519 6TH AVE S NAMPA ID 83651  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LAUREL A N	MACKINNON	519 6TH AVENUE SOUTH	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 86068		Signature: Laurel Mackinnon		Date	Date: 06/20/2011			
		Name (type or print): Laurel Mackinnon		Title: Managing Memeber				
Processed 06/20/2011	rocessed 06/20/2011 * Electronically provided signatures are accepted as original signatures.							