

No. C 177501

Due no later than March 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BLACK EYED SMILE LIMITED
2916 PACK SADDLE DR
ST ANTHONY, ID 83445JOSH NORMAN
2916 PACK SADDLE DR
ST ANTHONY, ID 83445**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Josh Norman	2916 Pack Saddle Drive	St. Anthony	ID	83445

5. Organized Under the Laws of:

IDAHO
C 177501

6.

Signature

Date

Name
(Typed or
Printed)

Title

Issued 01/05/2009

Do Not Tape or Staple

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