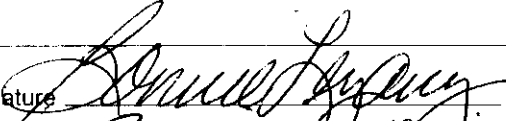


No. W 20360	Due no later than August 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		BONNIE J LEZAMIZ 847 CANYON SPRINGS RD TWIN FALLS, ID 83301 3. New Registered Agent Signature												
	EVERY DAY A CELEBRATION, LLC 847 CANYON SPRINGS RD TWIN FALLS, ID 83301														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"> <tr> <th style="text-align:left"><u>Office held</u></th> <th style="text-align:left"><u>Name</u></th> <th style="text-align:left"><u>Street or P.O. Address</u></th> <th style="text-align:left"><u>City</u></th> <th style="text-align:left"><u>State</u></th> <th style="text-align:left"><u>Zip</u></th> </tr> <tr> <td>member manager</td> <td>Bonnie Lezamiz</td> <td>847 Canyon Springs Rd.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	member manager	Bonnie Lezamiz	847 Canyon Springs Rd.	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
member manager	Bonnie Lezamiz	847 Canyon Springs Rd.	Twin Falls	ID	83301										
5. Organized Under the Laws of: IDAHO W 20360		6. Signature  Date <u>6/16/04</u> Name (Typed or Printed) <u>Bonnie Lezamiz</u> Title <u>Manager</u>													