

No. W 55653	Due no later than Oct 31, 2008 Annual Report Form		2. Registered Agent and Address (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 needed. SHORELINE, LLC SONIE COMBS PO BOX 3530 POST FALLS ID 83877		MATTHEW P GRUPP ESQ 842 W KATHLEEN AVE COEUR D ALENE ID 83815			
			3. <u>New</u> Registered Agent Signature:*			
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	SAUNDRA L COMBS	PO BOX 3530	POST FALLS	ID	USA	83877
5. Organized Under the Laws of: ID W 55653		6. Annual Report must be signed.* Signature: Matthew P. Grupp Name (type or print): Matthew P. Grupp		Date: 10/22/2008 Title: Attorney		
Processed 10/22/2008		* Electronically provided signatures are accepted as original signatures.				