

|  |             |   |          |  |         |                  |  |
|--|-------------|---|----------|--|---------|------------------|--|
| No. <b>W 101357</b>  |             | <b>Due no later than Mar 31, 2012</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HEAVENLEE LLC<br>CHRISTINA LEE<br>5605 N MORPHEUS PL<br>MERIDIAN ID 83646 |          | CHRISTINA LEE<br>5605 N MORPHEUS PL<br>MERIDIAN ID 83646 |         |                  |  |
|  |             |   |          | 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      |  |
| MEMBER   | SCOTT H LEE | 5605 N MORPHEUS PL  | MERIDIAN | ID   | USA     | 83646            |  |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*   |          |  |         |                  |  |
| <b>ID<br/>W 101357</b>   |             | Signature: Christina Lee  |          |  |         | Date: 01/09/2012 |  |
|  |             | Name (type or print): Christina Lee   |          |  |         | Title: Manager   |  |
| Processed 01/09/2012   |             | * Electronically provided signatures are accepted as original signatures.   |          |  |         |                  |  |