No. W 55653

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than October 31, 2007
Annual Report Form

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

SHORELINE, LLC
PO BOX 3530
POST FALLS, ID 83877

2. Registered Agent and Office NO PO BOX

MATTHEW P GRUPP ESQ
842 W KATHLEEN AVE
COEUR D ALENE, ID 83815

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
manager	Sonia Combs AKA Saundra Combs	P.O. Box 3530	Post Falls	Id	83877

* This is a LLC for Estate Planning Purposes only

5. Organized Under the Laws of:
IDAHO
W 55653

6.
Signature Sonie Combs Date 9-26-07
Name (Typed or Printed) SONIE Combs Title MANAGER

Issued 08/02/2007

Do Not Tape or Staple

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