

No. <b>W 78474</b>		<b>Due no later than Oct 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GIFTWORKS, LLC PO BOX 1701 POST FALLS ID 83877		M SEAN BONNER 1264 N AMERICAN DR POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BONNERVERVENTURE, INC	Street or PO Address PO BOX 1701		City POST FALLS	State ID	Country USA	Postal Code 83877
5. Organized Under the Laws of:  <b>ID</b> <b>W 78474</b>		6. Annual Report must be signed.*  Signature: Bonnerventure per M. Sean Bonner Name (type or print): Bonnerventure per M. Sean Bonner  Date: 10/22/2009 Title: Member					
Processed 10/22/2009 * Electronically provided signatures are accepted as original signatures.							