

No. <b>W 65781</b>	Due no later than Aug 31, 2011 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) MARIA S RICHARDSON 9709 W HALSTEAD DR BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> OPERATION: SHOSHONE LLC  9709 HALSTEAD DR BOISE ID 83704		3. <u>New</u> Registered Agent Signature.

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	MARIA RICHARDSON	9709 W HALSTEAD DR	BOISE	ID	ADA	83704
MEMBER MIA ST JOHN 22287 MUHOLLAND HWY CALABASAS CA 91302						
MEMBER DAWAN D RICHARDSON 2614 SHOSHONE BOISE ID ADA 83705						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 65781</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Maria Richardson</u></td> <td style="width: 30%;">Date: _____</td> </tr> <tr> <td>Name (type or print): <u>MARIA RICHARDSON</u></td> <td>Title: <u>MANAGER</u></td> </tr> </table>	Signature: <u>Maria Richardson</u>	Date: _____	Name (type or print): <u>MARIA RICHARDSON</u>	Title: <u>MANAGER</u>
Signature: <u>Maria Richardson</u>	Date: _____				
Name (type or print): <u>MARIA RICHARDSON</u>	Title: <u>MANAGER</u>				

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