

No. W 26493

Due no later than October 31, 2004
Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

LENSAFE, LLC
PO BOX 436
SHELLEY, ID 83274

2. Registered Agent and Office **NO PO BOX**

SHAWN ALLEN
~~7150 PARK~~ 2107 E. 49th S
~~SHELLEY, ID 83274~~ Idaho Falls, ID
83404

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
	Shawn Allen	2107 E. 49 th S	Idaho Falls	ID	83404

5. Organized Under the Laws of:

IDAHO
W 26493

6.

Signature Shawn Allen Date 6 Aug 04

Name (Typed or Printed) Shawn Allen Title member

Issued 08/02/2004

Do Not Tape or Staple

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