No. W 84326		Due no later than Jun 30, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHRI DHARMA LLC KAREN A FAUNCE 412 EAST MORTON ST MOSCOW ID 83843-2768 USA			KAREN FAUNCE 412 EAST MORTON ST MOSCOW ID 83843-2768 3. New Registered Agent Signature:*			
				MOSCOW ID				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Register				
4. Limited Liability Compa	nies: Enter Nai	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KAREN A FA	AUNCE	412 E. MORTON ST	MOSCOW	ID	USA	83843-2768	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 84326		Signature: Ka	Date	Date: 06/10/2011				
		Name (type o	r print): Karen A. Faunce	Title	Title: Registered Agent			
Processed 06/10/2011 * Electronically provided signatures are accepted as original signatures.								