No. W 68663		Due no later than Nov 30, 2008		2. Regis	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. GIFT OF LIFE SURROGACY LLC SHANNAN NORRIS 8615 WHITE HORSE LANE NAMPA ID 83686		8615 NAMF	SHANNAN NORRIS 8615 WHITE HORSE LANE NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of	at least one Member or Manager					
Office Held	Name	ries and Addresses of	Street or PO Address	City	State	Country	Postal Code	
MEMBER SHANNAN N		ORRIS	8615 WHITE HORSE LANE	NAMPA	A ID	USA	83686	
5. Organized Under the Laws of: ID W 68663		6. Annual Report must be signed.* Signature: Shannan Norris Name (type or print): Shannan Norris			Date: 12/03/2008 Title: Owner			
Processed 12/03/2008		* Electronically provided signatures are accepted as original signatures.						