

No. W 50971		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BEAD WITH ME, LLC AMANDA ANDREWS 130 WAR EAGLE DRIVE MOUNTAIN HOME ID 83647 USA		AMANDA ANDREWS 130 WAR EAGLE DRIVE MOUNTAIN HOME ID 83647			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	AMANDA ANDREWS	130 WAR EAGLE DR	MOUNTAIN HOME	ID	USA	83647	
MEMBER	CLIFF ANDREWS	130 WAR EAGLE DR	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID W 50971		6. Annual Report must be signed.* Signature: Amanda Andrews Name (type or print): Amanda Andrews					
		Date: 06/07/2011 Title: Owner					
Processed 06/07/2011		* Electronically provided signatures are accepted as original signatures.					