

<b>No. W 40919</b>	<b>Due no later than 7/31/2009 Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> JOE'S EMPORIUM LLC <del>2620 S WILLOWBROOK</del> <i>615 MAIN ST</i> CALDWELL ID 83605
3. New Registered Agent Signature:		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.		
Office Held <i>OWNER</i>	Name <i>Joseph Lombardo</i>	Street or PO Address <i>615 MAIN ST</i>
		City <i>CALDWELL</i>
		State <i>ID</i>
		Zip <i>83605</i>
5. Organized Under the Laws of:  <b>ID W 40919</b>	6. Annual Report must be signed. Signature: <i>[Signature]</i> Name(type or print): <i>JOSEPH LOMBARDO</i> Date: <i>8/15/09</i> Title: <i>OWNER</i>	