

No. W 8679	Due no later than May 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LASTING IMPRESSIONS, LLC TERESA CARTWRIGHT PO BOX 252 NAPLES, ID 83847	TERESA CARTWRIGHT 617 ALL SEASONS ROAD NAPLES, ID 83847 3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	TERESA CARTWRIGHT	PO BOX 252	NAPLES	IDAHO	83847

5. Organized Under the Laws of: IDAHO W 8679	6. Signature <u>Teresa Cartwright</u> Date <u>3-21-09</u> Name (Typed or Printed) <u>TERESA CARTWRIGHT</u> Title <u>OWNER/MANAGER</u>
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Do Not Tape or Staple

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