No. W 104707 Return to:		Due no later than Jul 31, 2013 Annual Report Form			Registered Agent and Address (NO PO BOX) CAMILLA HARRIMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CAMILLA HARRIMAN ENTERPRISES LLC CAMILLA HARRIMAN 15 W MAIN REXBURG ID 83440		REXBURG II	318 PIONEER RD NO 1503 REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CAMILLA HARRIMAN		318 PIONEER ROD NO 1503	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cam		Date: 06/13/2013				
W 104707		Name (type or		Title: Member				
Processed 06/13/2013 * Electronically provided signatures are accepted as original signatures.								