

No. C 177501		Due no later than Mar 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BLACK EYED SMILE LIMITED JOSHUA H NORMAN 2916 PACK SADDLE DR ST ANTHONY ID 83445 USA		JOSH NORMAN 2916 PACK SADDLE DR ST ANTHONY ID 83445			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOSHUA H NORMAN	2916 PACK SADDLE DRIVE	ST ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 177501		Signature: Joshua H Norman				Date: 05/06/2010	
		Name (type or print): Joshua H Norman				Title: President	
Processed 05/06/2010		* Electronically provided signatures are accepted as original signatures.					