

No. W 83627		Due no later than May 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		Annual Report Form		MARK CRAWLEY 525 ALPINE DR CHUBBUCK ID 83202			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MEMORABLE MOMENTS, LLC. CARLA CRAWLEY 525 ALPINE DR CHUBBUCK ID 83202					
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	MARK CRAWLEY	525 ALPINE DR.	CHUBBUCK	ID	USA	83202-2609	
MANAGER	CARLA CRAWLEY	525 ALPINE DR.	CHUBBUCK	ID	USA	83202-2609	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 83627		Signature: Mark Crawley			Date: 03/18/2010		
		Name (type or print): Mark Crawley			Title: Member		
Processed 03/18/2010		* Electronically provided signatures are accepted as original signatures.					