

|  |                   |   |       |   |         |                    |  |
|--|-------------------|---|-------|---|---------|--------------------|--|
| No. <b>W 74076</b>   |                   | Due no later than May 31, 2010<br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |         |                    |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>LIFEWORKS USA LLC.<br>KAREN M ANDREASON<br>5120 MOUNTAIN VIEW DR<br>BOISE ID 73704 |       | KAREN M ANDREASON-HASSAKIS<br>5120 MOUNTAIN VIEW DR<br>BOISE ID 83704 |         |                    |  |
|  |                   |   |       | 3. <u>New</u> Registered Agent Signature:*                            |         |                    |  |
| 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        |  |
| MANAGER  | KAREN M ANDREASON | 5120 MOUNTAIN VIEW DR   | BOISE | ID  | USA     | 83704              |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |       |   |         |                    |  |
| <b>ID<br/>W 74076</b>  |                   | Signature: Karen M. Andreason   |       |   |         | Date: 06/21/2010   |  |
|  |                   | Name (type or print): Karen M. Andreason  |       |   |         | Title: Owner & CEO |  |
| Processed 06/21/2010   |                   | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                    |  |