

No. <b>W 55653</b>	<b>Due no later than Oct 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SHORELINE, LLC SONIE COMBS PO BOX 3530 POST FALLS ID 83877 USA		ALL DAY \$49 IDAHO REGISTERED A 105 S 6TH STE A COEUR D ALENE ID 83814 USA			
			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	SAUNDRA L COMBS	PO BOX 3530	POST FALLS	ID	USA	83877
5. Organized Under the Laws of:  <b>ID</b> <b>W 55653</b>	6. Annual Report must be signed.* Signature: Sonie Combs Name (type or print): Sonie Combs		Date: 08/21/2011 Title: Manager			
Processed 08/21/2011		* Electronically provided signatures are accepted as original signatures.				