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|--|-----------------|---|------------|---|---------|------------------|--|
| No. W 55653 | | Due no later than Oct 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. SHORELINE, LLC SONIE COMBS PO BOX 3530 POST FALLS ID 83877 USA | | MATTHEW P GRUPP ESQ 842 W KATHLEEN AVE COEUR D'ALENE ID 83815 | | | |
| | | | | 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: | | 6. Annual Report must be signed.* | | | | | |
| ID W 55653 | | Signature: Saundra Combs | | | | Date: 08/12/2010 | |
| | | Name (type or print): Saundra Combs | | | | Title: Manager | |
| Processed 08/12/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |