| No. **W 62983** | **Due no later than May 31, 2010**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>SHAKE OUT LLC<br>MERILEE WATERS<br>1643 HARRISON ST. SOUTH<br>TWIN FALLS ID 83301<br>USA | MERILEE WATERS<br>1186 KIMBERLY RD<br>TWIN FALLS ID 83301<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MEMBER | HAROLD WATERS | 1643 HARRISON ST S | TWIN FALLS | ID | USA | 83301 |
| MEMBER | MERILEE WATERS | 1643 HARRISON ST. S | TWIN FALLS | ID | USA | 83301 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 62983** | Signature: Merilee Waters | Date: 06/08/2010 |
| | Name (type or print): Merilee Waters | Title: Owner |

Processed 06/08/2010

* Electronically provided signatures are accepted as original signatures.