No. W 70021		Due no later than Jan 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. SLEEP EXPLORERS LLC PO BOX 5000 KETCHUM ID 83340			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					KIMBERLY ANN VORSE 380 WASHINGTON AVE STE 201 KETCHUM ID 83340 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresse	s of at least one Member or Manager					
100 01 0	lame	The area read to the	Street or PO Address		City	State	Country	Postal Code
MEMBER K	IMBERLY AI	NN VORSE	PO BOX 5000	I	KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kimberly Vorse			Date: 11/30/2012			
W 70021		Name (type or print): Kimberly Vorse			Title: Ceo			
Processed 11/30/2012 * Electronically provided signatures are accepted as original signatures.								