

No. W 50971		Due no later than May 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEAD WITH ME, LLC AMANDA ANDREWS 990 NE UNION ST MOUNTAIN HOME ID 83647		AMANDA ANDREWS 990 NE UNION ST MOUNTAIN HOME ID 83647	
				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
MEMBER	AMANDA ANDREWS	130 WAR EAGLE DR	MOUNTAIN HOME	ID	USA 83647
MEMBER	CLIFF ANDREWS	130 WAR EAGLE DR	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 50971		6. Annual Report must be signed.* Signature: Amanda Andrews Date: 06/04/2010 Name (type or print): Amanda Andrews Title: Owner			
Processed 06/04/2010		* Electronically provided signatures are accepted as original signatures.			