No. W 54302	Due no later than September 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
		JENNIFER SHELTON
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET	1. Mailing Address - Correct in this box. if applicable	Address - Correct in this box, if applicable 1673 LOWER PACK RIVER RD SANDPOINT, ID 83864
	CELEBRATEI LLC	SANDFORT
PO BOX 83720	PO BOX 205 KOOTENAI, ID 83840	
BOISE, ID 83720-0080	KOOTENAL, ID 655 II	3. New Registered Agent Signature
NO FILING FEE IF		
······································	at Managers	
4 Limited Liability Compar	nies: Enter Names and Addresses of Managers.	State Zip
Office held Name	Street or P.O. Address	State 83836
Monager Natalie	Cain P.O. Buz IDU Hope	
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I I I I I I I I I I I I I I I I I I I	6. Signature Metalie R Cau	Date 9/19/08
5. Organized Under the Laws of: IDAHO	Signature Adultu R Cur	Date 1/1 / Odd
W 54302		ain THIO Manager
	Name Printed)	200809006596
Issued 07/01/2008	Do Not Tape or Staple	