

No. W 76680		Due no later than Aug 31, 2009		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		KERRI TURNER 1227 SHORE DR CASCADE ID 83611			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CASCADE FLORAL, GIFTS AND CRAFTS LLC KERRI TURNER PO BOX 459 CASCADE ID 83611 USA					
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	KERRI TURNER	PO BOX 32	CASCADE	ID	USA	83611	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 76680		Signature: Kerri Turner			Date: 09/09/2009		
		Name (type or print): Kerri Turner			Title: Manager		
Processed 09/09/2009		* Electronically provided signatures are accepted as original signatures.					