No. W 50971		Due no later than May 31, 2012		[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 130 WAR EAGLE DRIVE MOUNTAIN HOME ID 83647 USA			AMANDA ANDREWS 130 WAR EAGLE DRIVE MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:*			
		l mes and Address	ses of at least one Member or Manager. Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	AMANDA ANDREWS CLIFF ANDREWS		130 WAR EAGLE DR 130 WAR EAGLE DR		MOUNTAIN HOME MOUNTAIN HOME	ID	USA USA	83647 83647
5. Organized Under the Laws of: ID W 50971		6. Annual Report must be signed.* Signature: Amanda Andrews Name (type or print): Amanda Andrews			Date: 05/17/2012 Title: Owner			
Processed 05/17/2012 * Electronically provided signatures are accepted as original signatures.								