No. W 104934		Due no later than Jul 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		Annual Report Form 1. Mailing Address: Correct in this box if needed.		THOMAS M VASSEUR 409 COEUR D ALENE AVE COEUR D ALENE ID 83816				
		LABS LAUGH, LLC (THE) BARBARA S CARVER 1904 BROWNING WAY SANDPOINT ID 83864-2315 USA						
					3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER (FIRST_NAMJOHE) P CARVER MEMBER BARBARA S CARVER		1904 BROWNING WAY 1904 BROWNING WAY		SANDPOINT SANDPOINT	ID ID	USA USA	83864-2315 83864-2315	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 104934		Signature: Barbara S. Carver			Date: 05/13/2012			
		Name (type or print): Barbara S. Carver			Title: Member			
Processed 05/13/2012 * Electronically provided signatures are accepted as original signatures.								