No. <b>W 84071</b>		Due no later than May 31, 2011		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CARRIE CARROLL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CARROLL FAMILY SHAVED ICE LLC  CARRIE L CARROLL  474 N HULLEN PL  STAR ID 83669		STAR ID	474 N HULLEN PL STAR ID 83669  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Cor	mpanies: Enter Nai	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CARRIE L CARROLL		474 N. HULLEN PL.	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Carrie Carroll			Date: 03/31/2011			
W 84071		Name (type or print): Carrie Carroll			Title: Owner			
Processed 03/31/2011 * Electronically provided signatures are accepted as original signatures.								