

No. W 59668 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than February 29, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SHAUN MORRIS LLC PO BOX 85 INKOM, ID 83245 113 Old Tom Dr McCammon, ID 83250	2. Registered Agent and Office NO PO BOX SHAUN MORRIS 291 COMMERCIAL ST INKOM, ID 83245 113 Old Tom Dr McCammon, ID 83250 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Manager/ Member/ Co-Owner</td> <td style="vertical-align: top;">Shaun Morris</td> <td style="vertical-align: top;">113 Old Tom Dr</td> <td style="vertical-align: top;">McCammon</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83250</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager/ Member/ Co-Owner	Shaun Morris	113 Old Tom Dr	McCammon	ID	83250
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager/ Member/ Co-Owner	Shaun Morris	113 Old Tom Dr	McCammon	ID	83250									
5. Organized Under the Laws of: IDAHO W 59668	6. Signature <u>Shaun Morris</u> Date <u>12-29-07</u> Name (Typed or Printed) <u>Shaun Morris</u> Title <u>Co-owner</u>													

Issued 12/03/2007

Do Not Tape or Staple

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