No. <b>W 28941</b> Return to:	Due no later than Mar 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHAKA, LLC MIKE SWOPE 223 N 6TH #425 BOISE ID 83702			Registered Agent and Address (NO PO BOX)  MICHAEL J SWOPE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			223 N 6TH #425 BOISE ID 83702				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
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 MICHAEL MANAGER MARY JAN		ALLOWTAIL LANE ALLOWTAIL LANE	BOISE BOISE	ID ID	USA USA	83706 83706	
5. Organized Under the Laws of:	6. Annual Report must be signed.	Leport must be signed.*					
ID	Signature: Mary Jane Swope		Date: 01/18/2010				
W 28941	Name (type or print): Mary Jane		Title: Manager				
Processed 01/18/2010	* Electronically provided signatures are accepted as original signatures.						