

No. W 28941		Due no later than Mar 31, 2011		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. SHAKA, LLC MIKE SWOPE 223 N 6TH #425 BOISE ID 83702		MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702			
				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 J SWOPE	2244 SWALLOWTAIL LANE	BOISE	ID	USA	83706	
MANAGER	MARY JANE SWOPE	2244 SWALLOWTAIL LANE	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 28941		6. Annual Report must be signed.* Signature: Mary Jane Swope Name (type or print): Mary Jane Swope					
Date: 01/14/2011 Title: Manager							
Processed 01/14/2011		* Electronically provided signatures are accepted as original signatures.					