No. W 93881		Due no later than Jun 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. KICKFLIP BABY LLC TIFFANY J REED 703 E GARDEN AVE COEUR D ALENE ID 83814 USA mes and Addresses of at least one Member or Manager.		2. Registered Age	2. Registered Agent and Address (NO PO BOX) TIFFANY REED 703 E GARDEN AVE COEUR D ALENE ID 83814 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				703 E GARDEN COEUR D ALENI				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CALEB J REED		703 E GARDEN AVE	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 93881		6. Annual Report must be signed.* Signature: Tiffany Reed Name (type or print): Tiffany Reed			Date: 05/26/2011 Title: President			
Processed 05/26/2011		* Electronically provided signatures are accepted as original signatures.						