

No. <b>W 77964</b>		<b>Due no later than Sep 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CAMILLE'S FAIRYTALES, LLC CAMILLE T FULLER 105 MAIN ST SANDPOINT ID 83864		CAMILLE FULLER 105 MAIN ST SANDPOINT ID 83864			
				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	CAMILLE T FULLER	80 SELKIRK RD	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 77964</b>		Signature: Camille Fuller				Date: 07/18/2011	
		Name (type or print): Camille Fuller				Title: Owner	
Processed 07/18/2011		* Electronically provided signatures are accepted as original signatures.					