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|---|--------------------------|---|--|--|-------------|----------------|----------------------|
| No. W 77964 | | Due no later than Sep 30, 2011 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CAMILLE'S FAIRYTALES, LLC CAMILLE T FULLER 105 MAIN ST SANDPOINT ID 83864 | | CAMILLE FULLER 105 MAIN ST SANDPOINT ID 83864 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name CAMILLE T FULLER | Street or PO Address 80 SELKIRK RD | | City SANDPOINT | State ID | Country USA | Postal Code 83864 |
| 5. Organized Under the Laws of: ID W 77964 | | 6. Annual Report must be signed.* Signature: Camille Fuller Name (type or print): Camille Fuller Date: 07/18/2011 Title: Owner | | | | | |
| Processed 07/18/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |