

<b>No.</b> W 32456	<b>Due no later than August 31, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>																			
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  WESTERN SKIES HANDMADE SOAP COMPANY 2564 E ONIEDA PRESTON, ID 83263		SUSAN M OLIVERSON 2564 E ONIEDA PRESTON, ID 83263  <b>3. New Registered Agent Signature</b>																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Susan Oliverson</td> <td>2564 E Onieda</td> <td>Preston</td> <td>Id</td> <td>83263</td> </tr> <tr> <td></td> <td>Owner-manager</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip		Susan Oliverson	2564 E Onieda	Preston	Id	83263		Owner-manager				
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	Owner-manager																					
<b>5. Organized Under the Laws of:</b> IDAHO W 32456		<b>6.</b> Signature <u>Susan Oliverson</u> Date <u>Aug 28, 2007</u> Name (Typed or Printed) <u>Susan Oliverson</u> Title <u>Owner-manager</u>																				

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Do Not Tape or Staple

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