No. **W 52888**	**Due no later than Jul 31, 2012** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LACE N BOOTS, LLC ORLIE B OLARTE 16665 N TULLAMORE DR NAMPA ID 83687 USA	ORLIE OLARTE 16665 N TULLAMORE DR NAMPA ID 83687 3. New 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	ORLIE OLARTE	16665 N TULLAMORE DR	NAMPA	ID	USA	83687
MANAGER	PATTY OLARTE	16665 N TULLAMORE DR	NAMPA	ID	USA	83687

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 52888**	Signature: Orlie Olarte	Date: 05/09/2012
	Name (type or print): Orlie Olarte	Title: Manager

Processed 05/09/2012

* Electronically provided signatures are accepted as original signatures.