

No. **W 62885**

Due no later than **May 31, 2008**

2. Registered Agent and Office **NO PO BOX**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

Annual Report Form

**BOB CHARLTON
1420 WATERFALL CT
TWIN FALLS, ID 83301**

1. Mailing Address - Correct in this box, if applicable

**BOB'S BIKE SHOP, LLC
1420 WATERFALL CT
TWIN FALLS, ID 83301**

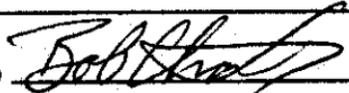
**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Bob Charlton	1420 Waterfall Ct	Twin Falls	ID	83301

5. Organized Under the Laws of:
**IDAHO
W 62885**

6. Signature 

Date **3/9/08**

Name (Typed or Printed) **Bob Charlton**

Title **Owner**