

<b>No. W 54735</b>		<b>Due no later than September 30, 2007</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 RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SONYA BLACK													
		<b>1. Mailing Address - Correct in this box, if applicable</b>		513 SMOKEY MOUNTAIN DR JEROME, ID 83338													
		LIFESTYLE LENDING, LLC 687 WASHINGTON ST N TWIN FALLS, ID 83301		<b>3. New Registered Agent Signature</b>													
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</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>President</td><td>Sonya E. Black</td><td>513 Smokey Mtn. Dr.</td><td>Jerome</td><td>ID</td><td>83338</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	Sonya E. Black	513 Smokey Mtn. Dr.	Jerome	ID	83338
Office held	Name	Street or P.O. Address	City	State	Zip												
President	Sonya E. Black	513 Smokey Mtn. Dr.	Jerome	ID	83338												
<b>5. Organized Under the Laws of:</b> IDAHO W 54735		<b>6.</b>															
		Signature <u>Sonya E. Black</u>		Date <u>7/18/07</u>													
		Name (Typed or Printed) <u>SONYA E. BLACK</u>		Title <u>President</u>													

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