No. <b>W 39821</b>		Due no later than May 31, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LISA FAIRBANKS 123 MAIN AVE EAST TWIN FALLS ID 83301			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LISA P FA	SCRAPPIN GIRLFRIENDS ON MAIN LLC LISA P FAIRBANKS 123 MAIN AVE EAST		TWIN FALLS ID 63301				
	TWIN FALL	TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addre	sses of at least one Member or Manager.						
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER LISA FAIRBANKS		1154 JUNIPER ST. N.	•	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID	Signature:	Signature: Lisa Fairbanks			Date: 05/15/2012			
W 39821	Name (type	Name (type or print): Lisa Fairbanks			Title: Owner/manager			
Processed 05/15/2012	* Electronically provided signatures are accepted as original signatures.							