No. W 8541		Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CORPORATE MIS, L.L.C. KIRT T GINNER 3024 E SHADOWCREST DR. EAGLE ID 83616-5767	3024 E SH/ EAGLE ID	KIRT GINNER 3024 E SHADOWCREST DR. EAGLE ID 83616-5767 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Co	mpanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER KIRT GINNEI		R 3024 E SHADOWCREST DR.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kirt Ginner	Date: 02/20/2013				
W 8541		Name (type or print): Kirt Ginner		Title: Owner			
rocessed 02/20/2013 * Electronically provided signatures are accepted as original signatures.							