

No. <b>W 108501</b>	Due no later than Nov 30, 2012 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )  FRANK SHOEMAKER 3497 E ZALDIA LN <u>OK</u> MERIDIAN ID 83642																																			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  SHOEMAKER APPRAISAL SERVICES, L.L.C. <del>3497 E ZALDIA LN</del> <u>2620 N Cole Rd</u> MERIDIAN ID 83642 <u>Boise, Idaho</u> <u>83704</u>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Shoemaker James F.</td> <td>3497 Zaldia Lane</td> <td>Meridian</td> <td>Idaho</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shoemaker James D</td> <td>3497 Zaldia Lane</td> <td>Meridian</td> <td>Idaho</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shoemaker James F.	3497 Zaldia Lane	Meridian	Idaho		83642	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shoemaker James D	3497 Zaldia Lane	Meridian	Idaho		83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 108501</b>	6. Signature: <u>James F Shoemaker</u> Date: <u>9-14-12</u> Name (type or print): <u>James F Shoemaker</u> Title: <u>Manager</u>																																					