No. W 26923

Due no later than Nov 30, 2010
Annual Report Form

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address: Correct in this box if needed.
SHERMAN SCIENCE PROJECT, LLC
THOMAS M CULBERTSON
717 W SPRAGUE AVE #1600
SPOKANE WA 99201

2. Registered Agent and Office **(NOT A P.O. BOX)**
LUKINS & ANNIS PS
601 E FRONT AVE STE 502
COEUR D'ALENE ID 83814

3. New Registered Agent Signature.

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
~~Rich McKernan~~		~~1052 PoBox~~	~~CA~~	~~ID~~		~~83816~~
MG	Susan Slaughter	1143 PoBox	CA	ID		83816
	Carmina Rice	3355 East First St	Long Beach	CA		90803

5. Organized Under the Laws of:
IDAHO
W 26923

6. Signature: Date: Oct 15 '10
Name (type or print): Susan Joy Slaughter Jones Title: Member

Issued 10/07/2010 by JL1

104599

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management.**Note: Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existance. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED