

No. <b>W 11058</b>		<b>Due no later than Feb 28, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KATHLEEN F. ROMA CPA, PLLC KATHLEEN F ROMA 1045 S ANCONA STE 150 EAGLE ID 83616		KATHLEEN F ROMA 1045 S ANCONA #150 EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KATHLEEN F ROMA	Street or PO Address 1045 S ANCONA STE 150		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 11058</b>		6. Annual Report must be signed.*  Signature: Kathleen Roma Name (type or print): Kathleen Roma  Date: 12/23/2009 Title: Manager					
Processed 12/23/2009      * Electronically provided signatures are accepted as original signatures.							