No. W 44293		Due no later than Nov 30, 2011 Annual Report Form		2. Registered Ager	2. Registered Agent and Address (NO PO BOX)			
Return to:				BILL LAWSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COLLEGE PLACE, LLC SHERRI MYRE 2510 N. PINES ROAD, SUITE 202 SPOKANE VALLEY WA 99206 USA		2425 NEZ PERCE DR LEWISTON ID 83501				
				3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	AWL LLC CHRIS ASHE		2510 N. PINES ROAD, SUITE 202 PO BOX 2846	SPOKANE VALLEY SPOKANE	′ WA WA	USA USA	99206 99220	
MEMBER	JOE & FRANC	CES MCCANN LIMITED TNERS	202 26TH AVENUE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must l						
ID W 44293		Signature: Bill Lawson		Date: 09/13/2011				
		Name (type or print): Bill Lawson		Title: Member				
Processed 09/13/2011		* Electronically provided signatures are accepted as original signatures.						