

|                                                                                                                                                                                               |                                                                    |                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| No. <b>W 63167</b>                                                                                                                                                                            | <b>Due no later than May 31, 2008</b><br><b>Annual Report Form</b> | 2. Registered Agent and Office <b>NO PO BOX</b>                                                                                                 |
| Return to:<br><b>SECRETARY OF STATE</b><br><b>450 NORTH FOURTH STREET</b><br><b>PO BOX 83720</b><br><b>BOISE, ID 83720-0080</b><br><br><b>NO FILING FEE IF</b><br><b>RECEIVED BY DUE DATE</b> |                                                                    | 1. Mailing Address - Correct in this box, if applicable<br><br><b>831 CHICAGO, LLC</b><br><b>9387 N SNAFFLE BIT LN</b><br><b>KUNA, ID 83634</b> |
| 3. <u>New Registered Agent Signature</u>                                                                                                                                                      |                                                                    |                                                                                                                                                 |

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

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
| Member             | Tami McHugh | 9387 N Snaffle Bit Ln.        | Kuna        | 10           | 83634      |
| Member             | Tim McHugh  | 9387 N Snaffle Bit Ln.        | Kuna        | 10           | 83634      |
| Member             | Corey Kent  | 1735 W. Franklin #140         | Meridian    | 10           | 83642      |

5. Organized Under the Laws of:  
**IDAHO**  
**W 63167**

6.

Signature

*Tami McHugh*

Date

*3/22/08*

Name

(Typed or Printed)

*Tami McHugh*

Title

*Member*

Issued 03/03/2008

Do Not Tape or Staple

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