No. W 100095		Due no later than Feb 29, 2012		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BLUELINE MANAGEMENT, LLC BRETT C BARTLETT PO BOX 143 STAR ID 83669 USA ENTITY SERVICES INC. 1101 W RIVER ST 340 BOISE ID 83702 3. New Registered Agent Signature.		1101 14/5	1101 W RIVER ST 340			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BOISE II				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER BRETT C BARTLETT		PO BOX 143	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bre		Date: 12/19/2011				
W 100095		Name (type or		Title: Manager				
Processed 12/19/2011 * Electronically provided signatures are accepted as original signatures.								