

No. <b>W 30079</b>		Due no later than Apr 30, 2010 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> JOHN SIMMONS JD, LLM PROFESSIONAL COMPANY JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402-3586		JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHN SIMMONS	796 MEMORIAL DR	IDAHO FALLS	ID	USA	83402-3586	
5. Organized Under the Laws of:  <b>ID W 30079</b>		6. Annual Report must be signed.* Signature: John Simmons Name (type or print): John Simmons Date: 05/12/2010 Title: Manager					
Processed 05/12/2010		* Electronically provided signatures are accepted as original signatures.					