




No. W 86672	Due no later than Sep 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CARL W LUNDQUIST 60 S INVERNESS DR NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CARL'S CONSULTING LLC 60 S INVERNESS DR NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE			

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CARL W LUNDQUIST 60 S INVERNESS DR					
	NAMPA ID 83651					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 86672</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): CARL WYNN LUNDQUIST </td> <td style="width: 40%;"> Date: 07-13-12 Title: Manager </td> </tr> </table>	Signature:  Name (type or print): CARL WYNN LUNDQUIST	Date: 07-13-12 Title: Manager
Signature:  Name (type or print): CARL WYNN LUNDQUIST	Date: 07-13-12 Title: Manager		