| No. W 51116 | | Due no later than May 31, 2011 | 2. Registered Agent and Address (NO PO BOX) JIM LYONS 902 N 18TH BOISE ID 83702 3. New Registered Agent Signature:* | | | |
|--|--------------------|--|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JIM LYONS ASSOCIATES LLC JIM LYONS 223 N 6TH #440 BOISE ID 83702-3317 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Cor | mpanies: Enter Nar | nes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER JIM F LYON | | 902 N 18TH | BOISE | ID | USA | 83702 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: Jim Lyons | Date: 06/06/2011 | | | |
| W 51116 | | Name (type or print): Jim Lyons | Title: Manager | | | |
| Processed 06/06/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | |