

No. W 61727	Due no later than April 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX M LYNN MAZZOLA 5490 N WADE ST COEUR D ALENE, ID 83815																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DYNAMIC DUO, LLC M LYNN MAZZOLA 5490 N WADE ST COEUR D ALENE, ID 83815		3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PARTNER</td> <td>M. LYNN MAZZOLA</td> <td>5490 N WADE ST</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83815</td> </tr> <tr> <td>PARTNER</td> <td>NICHOLAS J. MAZZOLA</td> <td>1518 LUNGFORD LN.</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83815</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PARTNER	M. LYNN MAZZOLA	5490 N WADE ST	COEUR D ALENE	ID	83815	PARTNER	NICHOLAS J. MAZZOLA	1518 LUNGFORD LN.	COEUR D ALENE	ID	83815
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5. Organized Under the Laws of: IDAHO W 61727		6. Signature <u>Lynn Mazzola</u> Date <u>Feb-18, 2008</u> Name (Typed or Printed) <u>M LYNN MAZZOLA</u> Title <u>PARTNER</u>																			

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