, ,,,, ,, ,, ,,		ater than Feb 28, 2011 Lual Report Form	BOX)	Registered Agent and Office (NOT A P.O. BOX) PAUL EDGREN			
		Correct in this box if needed. PO BOX 3552 OLDTOWN ID 83822			<u></u> _		
NO FILING FEE IF RECEIVED BY DUE DATE		3822	3. <u>New</u> Registered Agent Signature.				
Manager or Member Na		Addresses of Managers OR Membe Street or PO Address	ers. See Instructions. City	State	Country	Postal Code	
Manager Member (circle one) Manager Tau	l Edgren	POBOX 3552	Olatown	IO	usa	४३४२२	
_	dra Mauzy	11	11	(A		11	
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member no	eil Mason	ţ.t.	**	"(11	u	
· -	ndy Nelson	16	u	N	u	H	
5. Organized Under the Laws of: WASHINGTON 6. Signature:		Sonda Many			Date:	4.6.11	
		Drinka Wang	W 74	Title Nomber			
Issued 03/30/2011 by JL1						131887	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered