No. **W 38767**	**Due no later than Apr 30, 2010** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** WEEKS ENTERPRISE LLC. CONNIE L WEEKS PO BOX 860 VICTOR ID 83455 USA	MARLON WEEKS 216 SOUTH MAIN STREET VICTOR ID 83455 3. New 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	MARLON R WEEKS	PO BOX 83	VICTOR	ID	USA	83455
MANAGER	CONNIE L WEEKS	PO BOX 83	VICTOR	ID	USA	83455

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38767**	Signature: Connie Weeks	Date: 04/03/2010
	Name (type or print): Connie Weeks	Title: Owner

Processed 04/03/2010

* Electronically provided signatures are accepted as original signatures.