No. <b>W 66402</b>		Due no later than Sep 30, 2010		2. Registered Ag	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MD FREEMAN, LLC DESIREE E FREEMAN 2660 SLICE DR POST FALLS ID 83854 USA		402 E SELTIC POST FALLS	MIKEL FREEMAN 402 E SELTICE AVE POST FALLS ID 83854  3. New Registered Agent Signature:*			
Office Held	ompanies: Enter Na Name		es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
Manager Manager			2660 SLICE DR 2660 SLICE DR	POST FALLS POST FALLS	ID ID	USA USA	83854 83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 66402		Signature: D		Date: 10/12/2010				
		Name (type o		Title: Owner				
Processed 10/12/20:	10	* Electronically	provided signatures are accepted as origina	al signatures.				