No. <b>W 17345</b>		Due no later than Dec 31, 2009		2. Regis	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  TWIN FALLS STAFFING, LLC  THOMAS S. WELSTAD  870 BLUE LAKES BLVD N STE 4  TWIN FALLS ID 83301		870 E TWIN	STAN E VISSER  870 BLUE LAKES BLVD N STE 4 TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	iies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS S	WELSTAD	P.O. BOX 4125	BEDFO	RD WY	USA	83112	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas S. Welstad		Da	Date: 01/08/2010			
W 17345		Name (type or print): Thomas S. Welstad		Tit	Title: President/majority owner			
Processed 01/08/2010 * Electronically provided signatures are accepted as original signatures.								