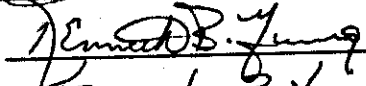
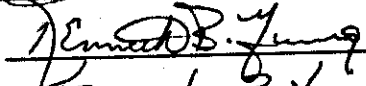
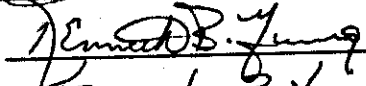


No. W 54253	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		KENNETH B YOUNG 217 ORCHARD DR W TWIN FALLS, ID 83301													
	COMMERCIAL & RESIDENTIAL INSPECTION KENNETH B YOUNG 217 ORCHARD DR W TWIN FALLS, ID 83301		3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>OWNER</td><td>Kenneth Young</td><td>217 Orchard Dr. W</td><td>Twin Falls</td><td>ID</td><td>83301</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>	OWNER	Kenneth Young	217 Orchard Dr. W	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
OWNER	Kenneth Young	217 Orchard Dr. W	Twin Falls	ID	83301											
5. Organized Under the Laws of: IDAHO W 54253		6. <table border="1"><tr><td>Signature</td><td></td><td>Date</td><td>11/14/07</td></tr><tr><td>Name (Typed or Printed)</td><td>Kenneth B. Young</td><td>Title</td><td>OWNER member</td></tr></table>			Signature		Date	11/14/07	Name (Typed or Printed)	Kenneth B. Young	Title	OWNER member				
Signature		Date	11/14/07													
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1 2/2007 Do Not Tape or Staple 200709006934																