

No. W 10520		Due no later than Dec 31, 2009 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. LAPLANTE DEVELOPMENT LIMITED LIABILITY CO. MICHAEL P LAPLANTE PO BOX 581 ST. MARIES ID 83861-0581		MICHAEL P LAPLANTE 246 3RD ST ST. MARIES ID 83861	
				3. <u>New</u> 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	MICHAEL P LAPLANTE	801 VETRANS DRIVE	ST. MARIES	ID	USA 83861
5. Organized Under the Laws of: ID W 10520		6. Annual Report must be signed.* Signature: Michael P LaPlante Name (type or print): Michael P LaPlante Date: 01/04/2010 Title: Manager			
Processed 01/04/2010		* Electronically provided signatures are accepted as original signatures.			