

No. W 6145

Due no later than May 31, 2008
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

1. Mailing Address - Correct in this box, if applicable

AMERICAN DISABILITIES ACT COMPLIANC
2421 KOMO MAI
PEARL CITY, HI 96782

RONALD D CARLSON
641 E 800N
BOX 128
FIRTH, ID 83236

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

DAYLE CARLSON 2421 Komo Mai Pearl City HI 96782

5. Organized Under the Laws of:

HAWAII
W 6145

6.

Signature



Date

4/20/08

Name (Typed or Printed)

DAYLE CARLSON

Title

Mgr

Issued 03/03/2008

Do Not Tape or Staple

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