No. W 101599 Return to:		Due no later than Mar 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. INVERSION, LLC JOHN T O'HARA PO BOX 1687 SANDPOINT ID 83864		2. Registered Agent and Address (NO PO BOX) JOHN OHARA 301 PINECREST LN SANDPOINT ID 83864 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	JOHN T O'HARA		PO BOX 1687 301 PINECREST LN	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John O'Hara		Date: 04/03/2012			
W 101599		Name (type or print): John O'Hara		Title: Member/agent			
Processed 04/03/2012 * Electronically provided signatures are accepted as original signatures.							