

No. W 40649	Due no later than Jun 30, 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. AES DEVELOPMENT ID, LLC TIMOTHY L GATTEN PO BOX 3467 POST FALLS ID 83877-3467		TIMOTHY L GATTEN 602 N CALCARY ST STE 301 POST FALLS ID 83854			
			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	TIMOTHY GATTEN	602 N CALGARY CT STE 301	POST FALLS	ID	USA	83854
MANAGER	S RYAN FACER	602 N CALGARY CT #301	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 40649	6. Annual Report must be signed.* Signature: Timothy Gatten Name (type or print): Timothy Gatten		Date: 04/15/2009 Title: Manager			
Processed 04/15/2009		* Electronically provided signatures are accepted as original signatures.				