Return to:	Due no later than Jul 31, 2011  Annual Report Form  1. Mailing Address: Correct in this box if needed.  CELLULAR BUSINESS SOLUTIONS LLC.  DAVID A THOMPSON  919 MEADOWVIEW DR		2. Registered Agent and Office (NOT A P.O. BOX) DAVID A THOMPSON 919 MEADOWVIEW DR NAMPA ID 83651	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE	NAMPA ID 83651		3. <u>New</u> Registered Age	ent Signature.
	es: Enter Names and Addresses of			
Manager or Member Name Manager Member (circle one)	**********************	or PO Address of meadowview DL	City Sta	
5. Organized Under the Laws of:	6.			nu arla la
5. Organized Under the Laws of:	6. Signature:	id A. Monylo	2	Date: 05/27/11
-	Signature:	id A. Phonylos David A. Thom		Date: 05/27/11 Title: MANAGER