| No. W 59293 | | Due no later than Feb 28, 2011 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|--------------------------------------|---------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | D | LORI JO POOLE 7615 W MCMULLEN ST BOISE ID 83709 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SYRINGA SERVICES, LLC LORI JO POOLE 7615 W MCMULLEN ST BOISE ID 83709-0836 | | BOISE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | anies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | GER LORI JO POOLE | | 7615 W MCMULLEN ST | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 59293 | | Signature: Lori Jo Poole | | | Date: 02/08/2011 | | | |
| | | Name (type or print): Lori Jo Poole | | | Title: Manager | | | |
| Processed 02/08/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |