No. <b>W 28502</b>		D	ue no later than Feb 28, 2009	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ACCRATRAX, LLC RALPH L. RISENMAY 4 NORTH 3100 EAST IDAHO FALLS ID 83402		100 N. DONNERS N. D. DONNES N. D. D.	RALPH RISENMAY 4 NORTH 3100 EAST IDAHO FALLS ID 83402  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	nes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER RALPH RISENM MEMBER CURTIS RISEN MEMBER GREG RISENMA		ENMAY	4 NORTH 3100 EAST 3 NORTH 3100 EAST 4 NORTH 3100 EAST	IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83402 83402 83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 28502		Signature: R		Date: 02/25/2009				
		Name (type or print): Ralph L. Risenmay			Title: Member			
Processed 02/25/2009	* Electronically provided signatures are accepted as original signatures.							