

No. <b>W 26413</b>		<b>Due no later than Oct 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BUONACCORSI LLC PAUL RICK BUONACCORSI P O BOX 5844 CARMEL CA 93921		DOROTHY JEAN MCKINNEY 603 S OWYHEE BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	AUL RICK BUONACCORSI	P O BOX 5844	CARMEL	CA	USA	93921	
MANAGER	KATHLEEN M BUONACCORSI	P O BOX 5844	CARMEL	CA	USA	93921	
5. Organized Under the Laws of:  <b>ID</b> <b>W 26413</b>		6. Annual Report must be signed.*  Signature: Kathleen Buonaccorsi Name (type or print): Kathleen Buonaccorsi					
Processed 08/28/2011		Date: 08/28/2011 Title: Manager  * Electronically provided signatures are accepted as original signatures.					