

No. <b>W 85081</b>	Due no later than Jun 30, 2012 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> O D PALMER 319 HARRIS CREEK HORSESHOE BEND ID 83629							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> VALLEY WIDE LLC. PO BOX 86 HORSESHOE BEND ID 83629		3. <u>New</u> Registered Agent Signature.							
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>President</i> O.D. Palmer P.O. Box 86 HSB ID Boise 83629 <del>HB</del> <del>HSB, Idaho</del> <del>83629</del>									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Barbara Palmer P.O. Box 86 HSB ID Boise 83629									
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">             IDAHO              W 85081           </div>		6. Signature: <u><i>O.D. Palmer</i></u> Name (type or print): <u>O.D. Palmer</u>		Date: <u>7-9-12</u> Title: <u>President</u> <u><i>Amery</i></u>						
Issued 06/20/2012 by KAH				112587						