No. <b>W 13989</b>		Due no later than Jan 31, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CAMILLE R OLDENBURG			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			4045 S SUNTREE WAY BOISE ID 83706			
		OLDENBURG BUSINESS SOLUTIONS, L.L.C. CAMILLE R OLDENBURG 4045 S SUNTREE WAY		BOISE ID	BOISE ID 63700			
		BOISE ID 83706-5774		3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CAMILLE R	OLDENBURG	4045 S SUNTREE WAY	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 13989		Signature: Camille R. Oldenburg Date: 11/05/2011					L	
		Name (type or		Title: Manager				
Processed 11/05/2011 * Electronically provided signatures are accepted as original signatures.							_	