No. <b>W 108016</b>		Due no later than Nov 30, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DAVID C KIBLEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LATAH COUNTY ESCROW RECONVEYANCE LLC DAVID C KIBLEN 106 E 2ND ST MOSCOW ID 83843		MOSCOW II	106 E 2ND ST MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SUNDAE P KIBLEN		KIBLEN	106 E SECOND STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dave Kiblen			Date: 09/13/2012			
W 108016		Name (type or print): Dave Kiblen			Title: Manager			
Processed 09/13/2012 * Electronically provided signatures are accepted as original signatures.								