No. W 228	Due no later than Mar 31, 2013 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL W. KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501
Return to:		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. COLUMBIA 7 LIMITED LIABILITY COMPANY MICHAEL W. KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501	
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address City State Country Postal Code  Manager Member Michael Kaufman 2985 Mayfahl Lewisto, ID USA 83501  Manager Member WILLIAM FELSTED 10826 So. GEORGE RD, S POKANE, WA. USA 99224  Manager Member Member Member		
5. Organized Under the Law IDAHO W 228	Ns of: 6. Signature:  Name (type or print):  MICHAEL KAUFMA	Date:  A - 22-13  Title: MEMBER. MANAGER
Issued 02/11/2013 by LJC		130856

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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