No. <b>W 63995</b>		Due no later than Jun 30, 2011 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CURELL LLC SCOTT T CURETON 4829 CHINDEN GARDEN CITY ID 83714		2. Registered	2. Registered Agent and Address (NO PO BOX)  SCOTT CURETON 4829 CHINDEN BOISE ID 83714  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				BOISE ID				
4. Limited Liability Compani	ies: Enter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SCOTT CURE MEMBER SCOTT T CU MEMBER JAMI CURETO		URETON	2301 ILLINOIS 2301 ILLINOIS 2301 ILLINOIS	BOISE BOISE BOISE	ID ID	USA USA USA	83706 83706 83706	
5. Organized Under the Laws of:		6. Annual Repor						
ID W 63995		Signature: Scott T Cureton			Date: 06/18/2011			
		Name (type o		Title: Manager				
Processed 06/18/2011		* Electronically p	rovided signatures are accepted as original	l signatures.				