No. W 26051 Return to:		Due no later than Sep 30, 2011 Annual Report Form	2. Registered Agent and Address (NO PO BOX) JEFF LARSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EAGLE SUMMIT LC JEFF LARSON 910 N. 1100 E. SHELLEY ID 83274	SHELLEY ID	910 N. 1100 E. SHELLEY ID 83274 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Comp	oanies: Enter Nan	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JEFF LARSON	N 910 N. 1100 E.	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jeffrey Larson	Date: 09/19/2011				
W 26051		Name (type or print): Jeffrey Larson	Title: Manager				
Processed 09/19/2011 * Electronically provided signatures are accepted as original signatures.							