| No. W 60722 | Due no later than March 31, 2008 | 2. Registered Agent and Office NO PO BOX |
|---|--|--|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address - Correct in this box, if applicable :: | DAVID C MEINE 8165 W KINGSBURY DR MIDDLETON, ID 83644 |
| | DCM LEARNING SOLUTIONS, LLC. DAVID C MEINE 8165 W KINGSBURY DR MIDDLETON, ID 83644 | |
| NO FILING FEE IF RECEIVED BY DUE DATE | MIDDLETON, ID 30044 | 3. New Registered Agent Signature |
| 4. Limited Liability Compan | ies: Enter Names and Addresses of Managers. | |
| Office held Name | Street or P.O. Address | State Zip |
| owner David Me. | ne 8165 W. Kings hury DR. Mi | sdieten Is. 83644 |
| | in the second of | territoria de la compania de la comp |
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| 5. Organized Under the Laws of: | 6. Signature Dail Mem | Date //s /08 |
| 5. Organized Under the Laws of: IDAHO W 60722 | Signature David Mem Name (Typed or David Men | |