

No. W 50903

DUE NO LATER THAN MAY 31, 2008
Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

ITALIANNA GASLIGHT VILLAGE, LLC
ANNA ANDERSON
PO BOX 469
LEWISTON, ID 83501

2. Registered Agent and Office NO PO BOX

ANNA ANDERSON
2728 11TH AVE
LEWISTON, ID 83501

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

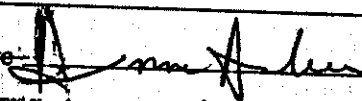
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	ANNA ANDERSON	PO Box 469	LEWISTON,	ID	83501

5. Organized Under the Laws of:

IDAHO
W 50903

6.

Signature



Date 07-08-08

Name (Typed or Printed)

ANNA ANDERSON

Title MANAGER