No. **W 58418**	**Due no later than Jan 31, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MOLD SOLUTIONS OF IDAHO, LLC SCOTT R SEEDALL 1192 S. 52 E. IDAHO FALLS ID 83401	SCOTT R SEEDALL 1252 S 52 E IDAHO FALLS ID 83401 3. New Registered Agent Signature:*

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ROGUE STIERLE	3449 E 20TH N	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58418**	Signature: Rogue Stierle	Date: 02/05/2008
	Name (type or print): Rogue Stierle	Title: Manager

Processed 02/05/2008

* Electronically provided signatures are accepted as original signatures.