No. **W 89009**	**Due no later than Dec 31, 2011** **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.** CHAPMAN LAW OFFICES, PLLC SCOTT CHAPMAN PO BOX 446 LEWISTON ID 83501	SCOTT CHAPMAN 1106 IDAHO ST LEWISTON ID 83501 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	SCOTT CHAPMAN	PO BOX 446 1106 IDAHO STREET	LEWISTON	ID	USA	83501-0446

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 89009**	Signature: Scott Chapman	Date: 12/21/2011
	Name (type or print): Scott Chapman	Title: Manager

Processed 12/21/2011

* Electronically provided signatures are accepted as original signatures.