No. W 32443		Due no later than Aug 31, 2009	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		Annual Report Form 1. Mailing Address: Correct in this box if needed.	ERIC JONES 284 MARTIN ST TWIN FALLS ID 83301			
		JONES & BEARD, LLC JASON K BEARD 284 MARTIN ST TWIN FALLS ID 83301	3. New Registered Agent Signature:*			
		USA 65301				
4. Limited Liability Com	panies: Enter Nan	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER	ERIC JONES JASON BEAR	284 MARTIN ST. D 284 MARTIN ST.	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 32443		Signature: Jason K. Beard	Date: 09/08/2009			
		Name (type or print): Jason K. Beard	Title: Member			
Processed 09/08/2009		* Electronically provided signatures are accepted as original sig	natures.			