| No. W 45111 | | | Due no later than Dec 31, 2007 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------|------------------------------------|--|------------------------|--|---------|-------------|--|
| Return to: | | | Annual Report Form | | GORDON W JENKINS 2388 EASTVIEW DR IDAHO FALLS ID 83401 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | PROFESSIO GORDON W 2388 EAST | 1. Mailing Address: Correct in this box if needed. PROFESSIONAL CONSULTANTS LLC GORDON W JENKINS 2388 EASTVIEW DR | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | IDAHO FALI | .S ID 83401 | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Compan | ies: Enter | Names and Addres | sses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | GORDON | W JENKINS | 2388 EASTVIEW DR | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: | | 6. Annual Rep | oort must be signed.* | | | | | |
| ID | | Signature: | Signature: Gordon W. Jenkins | | Date: 10/19/2007 | | | |
| W 45111 | | Name (type | Name (type or print): Gordon W. Jenkins | | Title: Manager/Owner | | | |
| Processed 10/19/2007 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |