

No. <b>W 26921</b>		<b>Due no later than Nov 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  950N3RD LLC MICHAEL WILDE 10649 N SAGECREST PL BOISE ID 83714 0000		MICHAEL WILDE 10649 N SAGECREST PL BOISE ID 83714 0000			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MICHAEL WILDE	Street or PO Address 10649 N SAGECREST PL		City BOISE	State ID	Country	Postal Code 83714
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 26921</b>		6. Annual Report must be signed.*  Signature: Michael Wilde Name (type or print): Michael Wilde Date: 10/11/2005 Title: Michael Wilde President					
Processed 10/11/2005 * Electronically provided signatures are accepted as original signatures.							