No. <b>W 39085</b>		Due no later than May 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LESLIE M FOLSOM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LESLIE LLC LESLIE M.	1. Mailing Address: Correct in this box if needed.  LESLIE LLC  LESLIE M. FOLSOM  2750 SAWTOOTH ST  AMMON ID 83406-6636  USA		2750 SAWTOOTH ST. AMMON ID 83406-6636  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	M FOLSOM M FOLSOM	2750 SAWTOOTH ST 2750 SAWTOOTH ST.	ammon ammon	ID ID	USA USA	83406 83406-6636	
5. Organized Under the Laws of: 6. Annua		ort must be signed.*					
ID	Signature:	Signature: Leslie M. Folsom Date: 03/20/2011					
W 39085	Name (type	Name (type or print): Leslie M. Folsom Title: Manager					
Processed 03/20/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					