

No. W 30079		Due no later than Apr 30, 2007 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		1. Mailing Address: Correct in this box if needed. JOHN SIMMONS JD, LLM PROFESSIONAL COMPANY JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402-3586		JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOHN SIMMONS	Street or PO Address 796 MEMORIAL DR		City IDAHO FALLS	State ID	Country	Postal Code 83402-3586
5. Organized Under the Laws of: IDAHO W 30079		6. Annual Report must be signed.* Signature: John Simmons Name (type or print): John Simmons Date: 02/08/2007 Title: Manager					
Processed 02/08/2007 * Electronically provided signatures are accepted as original signatures.							