No. W 53602		Due no later than Aug 31, 2013		2. R	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			TIMOTHY J STOVER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			905 SHOSHONE STREET N				
		WORST, FITZGERALD & STOVER, PLLC TIMOTHY J STOVER P.O. BOX 1428 TWIN FALLS ID 83303-1428		'	TWIN FALLS ID 83301				
				3. <u>N</u>	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses o	of at least one Member or Manager.						
Office Held	Name		Street or PO Address	Cit	у	State	Country	Postal Code	
MEMBER	TIMOTHY J	STOVER PA	P.O. BOX 1428	TW	/IN FALLS	ID	USA	83303	
MEMBER	RICHARD J	WORST PC	P.O. BOX 1428	TW	IN FALLS	ID	USA	83303-1428	
MEMBER	JOHN O FIT	ZGERALD, II PC	P.O. BOX 1428	TW	/IN FALLS	ID	USA	83303-1428	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 53602		Signature: Richard J. Worst			Date: 06/20/2013				
		Name (type or print): Richard J. Worst			Title: Member				
Processed 06/20/2013 * Electronically provided signatures are accepted as original signatures.									