

No. W 69879		Due no later than Dec 31, 2009 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. SCL, LLC ANDREW FALES PO BOX 9026 BOISE ID 83707		ANDREW FALES 12713 N 9TH AVE BOISE ID 83714			
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 ANDREW FALES	Street or PO Address PO BOX 9026		City BOISE	State ID	Country USA	Postal Code 83707
5. Organized Under the Laws of: ID W 69879		6. Annual Report must be signed.* Signature: Andrew Fales Name (type or print): Andrew Fales Date: 12/31/2009 Title: Manager					
Processed 12/31/2009 * Electronically provided signatures are accepted as original signatures.							