No. **W 42271**	**Due no later than Aug 31, 2009**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** FOXMODS, LLC MICHAEL J DAMICO 1988 MORTIMER DR BOISE ID 83712-6617	MICHAEL J DAMICO 1988 MORTIMER DR BOISE ID 83712-6617 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MICHAEL J DAMICO	1988 MORTIMER DR	BOISE	ID	USA	83712-6617

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42271**	Signature: Michael J. D'Amico	Date: 09/14/2009
	Name (type or print): Michael J. D'Amico	Title: Owner/President

Processed 09/14/2009

* Electronically provided signatures are accepted as original signatures.