

No. W 55340

Due no later than October 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

KOVAC L.L.C.
7260 W RIM ACRES LN
BOISE, ID 83709

JASON KOVAC
4091 W STATE ST
BOISE, ID 83703

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER/OWNER	JASON KOVAC	4091 W. STATE ST.	BOISE	ID	83703
MANAGER	SHAWNA KOVAC	4091 W. STATE ST	BOISE	ID	83703

5. Organized Under the Laws of:
IDAHO
W 55340

6.

Signature

Date

8.13.07

Name

(Typed or Printed)

JASON KOVAC

Title

OWNER/MANAGER