SECRETARY OF STATE	Due no later than August 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BO
450 NORTH FOURTH STDEET	1. Mailing Address - Correct in this box. if applicable	KORERIAMONTOON
TO DOX 83720	ROME ACORAL IN	2160 S TAIN RAPID WAY
BOISE, ID 83720-0080	STO SW 74THAVE 177 F Fact D.	
O FILING FEE IF	FORTLAND, OR STEEDS 177 E. Eagle River Eagle, 10 83616	A Rome Acopen Jr.
ECEIVED BY DUE	Eggl. 15 92611	Eagle Edgle Rive St.
ECEIVED BY DUE DATE		3. New Begistered Agent Signature
Limited Liability Compani	es: Enter Names and Add	Tail A
Office held Name	es: Enter Names and Addresses of Managers	
Maker Davis 1000 -	Street or P.O. Address	No.
mber-Rome Acopan J Anager	Street of P.O. Address  177 E. Eagle River St.	State Zip
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ganized Under the Laws of: IDAHO W 53457	6. Signature Taxe A	- 66-7-
IDAHO W 53457	Signature Trees.	Date 6/05/07
IDAHO W 53457		7
IDAHO	Signature Trees.	