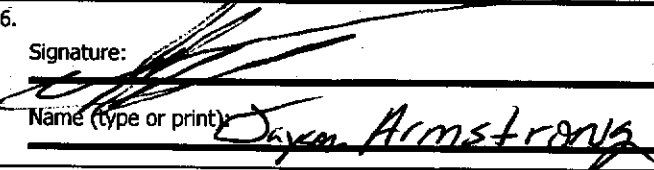


<p>No. <b>W 88366</b></p> <p>Return to:                  SECRETARY OF STATE                  450 N 4th STREET                  PO BOX 83720                  BOISE, ID 83720-0080</p> <p><b>NO FILING FEE IF RECEIVED BY DUE DATE</b></p>	<p style="text-align: center;"><b>Due no later than Nov 30, 2010 Annual Report Form</b></p> <p><b>1. Mailing Address: Correct in this box if needed.</b>                  TWIN FALLS PRINTING, LLC                  JASON ARMSTRONG                  PO BOX 1162                  TWIN FALLS ID 83301</p>	<p><b>2. Registered Agent and Office (NOT A P.O. BOX)</b>                  JASON ARMSTRONG                  112 WALNUT ST                  TWIN FALLS ID 83301</p> <p><b>3. New Registered Agent Signature.</b></p>																					
<p><b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b></p> <table border="1"> <thead> <tr> <th>Manager/Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><del>Jason Armstrong</del></td> <td></td> <td><del>PO BOX 1162</del></td> <td>Twin Falls</td> <td>Id</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Jason Armstrong</td> <td>(OWNERS)</td> <td>PO BOX 1162</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	<del>Jason Armstrong</del>		<del>PO BOX 1162</del>	Twin Falls	Id	USA	83301	Jason Armstrong	(OWNERS)	PO BOX 1162				
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Jason Armstrong	(OWNERS)	PO BOX 1162																					
<p><b>5. Organized Under the Laws of:</b></p> <p style="text-align: center;"><b>IDAHO W 88366</b></p>	<p><b>6.</b></p> <p>Signature: </p> <p>Name (type or print): <u>Jason Armstrong</u></p> <p>Date: <u>12-17-10</u></p> <p>Title: <u>OWNER</u></p>																						
<p>Issued 12/13/2010 by KAH <span style="float: right;">107171</span></p>																							

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**