No. W 48487	Due no later than Mar 31, 2010	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. L SQUARED, LLC CLAYTON L JONES 13601 W MCMILLAN RD STE 102 PMB 354 BOISE ID 83713 USA	Annual Report Form Mailing Address: Correct in this box if needed. QUARED, LLC YTON L JONES 01 W MCMILLAN RD STE 102 1354 SE ID 83713 CLAYTON JONES 14071 W ROCHESTER DR BOISE ID 83713 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 JOHN NELS	ON 1882 S RIVERFORD PL	EAGLE	ID	USA	83616
MANAGER CLAYTON J	DNES 14071 W ROCHESTER DR	BOISE	ID	USA	83713
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Clayton Jones	Date: 02/05/2010			
W 48487	Name (type or print): Clayton Jones	Title: Member			
Processed 02/05/2010	* Electronically provided signatures are accepted as original signatures.				