

No. W 83945	Due no later than May 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		MARK CHRISTENSEN 1920 E 17TH ST STE 204 IDAHO FALLS ID 83404			
	PARADIGM MANAGEMENT LLC MARK CHRISTENSEN 370 DELBERT DR IDAHO FALLS ID 83401-4247		3. <u>New</u> 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	MARK CHRISTENSEN	1920 E 17TH STREET SUITE 204	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 83945		6. Annual Report must be signed.* Signature: Mark Christensen Name (type or print): Mark Christensen		Date: 06/10/2011 Title: Manager		
Processed 06/10/2011		* Electronically provided signatures are accepted as original signatures.				