No. **W 6121**	**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.** IKOLA TESTING SERVICE, LLC CAPELLA L IKOLA PO BOX 4458 MCCALL ID 83638	CAPELLA L IKOLA 14179 HWY 55 MCCALL ID 83638 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
MEMBER	CAPELLA L IKOLA	14179 HWY 55	MCCALL	ID	USA	83638
MEMBER	GERRY L IKOLA	14179 HWY 55	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 6121**	Signature: Capella L Ikola	Date: 05/10/2011
	Name (type or print): Capella L Ikola	Title: Managing Member

Processed 05/10/2011

* Electronically provided signatures are accepted as original signatures.