

No. W 64085		Due no later than Jun 30, 2012		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. SHARMA DOMESTIC CAPITAL, LLC AMIT SHARMA 1633 S WATER LEAF AVE EAGLE ID 83616 USA		AMIT SHARMA M.D. 1633 S WATERLEAF AVE EAGLE ID 83616			
				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	AMIT SHARMA M.D.	1633 S WATERLEAF AVE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 64085		Signature: Amit Sharma				Date: 04/16/2012	
		Name (type or print): Amit Sharma				Title: Manager	
Processed 04/16/2012		* Electronically provided signatures are accepted as original signatures.					