No. W 36444		Due no later than Feb 28, 2006		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. STUART CABINETRY, LLC STUART CABINETR 828 BLUE LAKES BLVD N TWIN FALLS ID 83301 0000		611 CINDY D	STUART SANDALL 611 CINDY DR TWIN FALLS ID 83301 0000 3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	ames and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	STUART S	ANDALL	611 CINDY DR	TWIN FALLS	ID		83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO W 36444		Signature: Stuart Sandall			Date: 12/09/2005			
		Name (type or print): Stuart Sandall			Title: Member			
Processed 12/09/2005 * Electronically provided signatures are accepted as original signatures.								