

No. W 42786	Due no later than Sep 30, 2009 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.		TIM MURPHY 1460 WINTER LN JEROME ID 83338			
	STANDARD PRINTING, LLC 140 2ND AVE N TWIN FALLS ID 83301		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
MEMBER	TIM MURPHY	140 2ND AVE N	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 42786		6. Annual Report must be signed.* Signature: tim Murphy Name (type or print): tim Murphy Date: 07/16/2009 Title: President				
Processed 07/16/2009		* Electronically provided signatures are accepted as original signatures.				