No. <b>W 26530</b>		Due no later than Oct 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TROY J PAULIN			
SECRETARY OF STATE	1. Maili	1. Mailing Address: Correct in this box if needed.		4815 S FERN NAMPA ID 83686			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KATIE PA	OPTIMUM UNDERLAYMENTS, LLC KATIE PAULIN 507 S CHESTNUT ST NAMPA ID 83686		טטטט ען איזויזאיז			
	NAMPA I			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	ter Names and Add	resses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TROY	PAULIN	4815 S FERN	NAMPA	ID	USA	83686	
MANAGER KATIE	A PAULIN	507 S. CHESTNUT ST.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:	6. Annual R	eport must be signed.*					
ID	Signature	e: Katie Paulin		Date: 12/04/2009			
W 26530	Name (ty	pe or print): Katie Paulin		Title: Manager			
Processed 12/04/2009	* Electronica	* Electronically provided signatures are accepted as original signatures.					