

No. <b>W 32645</b>	<b>Due no later than August 31, 2007 Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>		
Return to: <b>SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</b>	1. Mailing Address - Correct in this box, if applicable  <b>JOHN C. ANDERSON, L.L.C. PO BOX 469 TWIN FALLS, ID</b>		<b>JOHN C ANDERSON 1801 HIGHLAND AVE E TWIN FALLS, ID 83301</b>		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>3. New Registered Agent Signature</b>				
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<b>Owner John C Anderson Po Box 469 Twin Falls ID 83303</b>					
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 32645</b>		<b>6. Signature _____ Date _____</b>  <b>Tisha Christensen 7/5/07</b>			
<b>Name (Typed or Printed)</b>		<b>Title _____</b>			

Issued 06/01/2007

**Do Not Tape or Staple**

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