No. **W 49970**	**Due no later than Apr 30, 2010** **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.** CHOOSE TO LOSE, LLC WILLIAM LUERS 951 E PLAZA DR STE 120 EAGLE ID 83616	WILLIAM LUERS 1199 N MACAILE WAY EAGLE ID 83616 3. New 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	WILLIAM J LUERS	1199 N. MACAILE WAY	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: William J Luers	Date: 02/10/2010
W 49970	Name (type or print): William J Luers	Title: Manager

Processed 02/10/2010

* Electronically provided signatures are accepted as original signatures.