No. W 39487		Due no later than May 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LYNN L PAYNE			
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. CERTIFIED RADON TESTING PROFESSIONAL INSTALLING, LLC LYNN L PAYNE PO BOX 5454 CHUBBUCK ID 83202		12726 N LARAMIE POCATELLO ID 83202			
PO BOX 83720 BOISE, ID 83720-0080	LLC						
	PO BOX 5			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	CHUBBUCI						
4. Limited Liability Companies: Ent	er Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER LYNN	_ PAYNE	PO BOX 5454	CHUBBUCK	ID	USA	83202	
MANAGER MICHA	EL A PAYNE	PO BOX 5454	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of:	6. Annual Re	6. Annual Report must be signed.*					
ID	Signature	Signature: Lynn Payne		Date: 03/23/2011			
W 39487	Name (ty	Name (type or print): Lynn Payne		Title: Manager			
Processed 03/23/2011	* Electronica	* Electronically provided signatures are accepted as original signatures.					