No. **W 85235**	**Due no later than Jul 31, 2012** **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.** ROBERTSON QUALITY ASSURANCE PLLC CHERYL A ROBERTSON 227 MADISON ST W KIMBERLY ID 83341 USA	CHERYL A ROBERTSON 227 MADISON ST W KIMBERLY ID 83341 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	CHERYL A ROBERTSON	227 MADISON ST. W.	Kimberly	ID	USA	83341-8334

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 85235**	Signature: Cheryl Robertson	Date: 05/11/2012
	Name (type or print): Cheryl Robertson	Title: Manager/Owner

Processed 05/11/2012

* Electronically provided signatures are accepted as original signatures.