No. **W 54175**	**Due no later than Sep 30, 2009** **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.** ZICCARDI PRODUCTIONS, LLC PAUL CHIAPPINI 42 S 200 E BLACKFOOT ID 83221	PAUL CHIAPPINI 42 S 200 E BLACKFOOT ID 83221 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	PAUL CHIAPPINI	42 S 200 E	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 54175**	Signature: Paul Chiappini	Date: 09/23/2009
	Name (type or print): Paul Chiappini	Title: Managing Member

Processed 09/23/2009

* Electronically provided signatures are accepted as original signatures.