| No. W 37536 | | Due no later than Mar 31, 2006 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|---|-------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | JOSEPH F AUSTIN | | | |
| SECRETARY OF STATE | 1. Mailing | 1. Mailing Address: Correct in this box if needed. AUSTIN ACCOUNTING SOLUTIONS, PLLC JOSEPH F AUSTIN 1906 N GROVELAND PL | | 1164 N FALLING WATER WAY EAGLE ID 83616 0000 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | JOSEPH F | | | | | | |
| | EAGLE ID | EAGLE ID 83616 0000 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 | |
| MEMBER JOSEPH F AUSTIN | | 1906 N GROVELAND PL | EAGLE | ID | | 83616 | |
| | | | | | | | |
| 5. Organized Under the Laws of: 6. Annual | | Annual Report must be signed.* | | | | | |
| IDAHO | Signature: 3 | Signature: Joseph F Austin, Member Date: 01/09/2006 | | | | | |
| W 37536 | Name (type | Name (type or print): Joseph F Austin, Member Title: Joseph F Austin Member | | | | | |
| Processed 01/09/2006 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |