

No. W 11361	Due no later than March 31, 2009 Annual Report Form	2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  BOLEN FAMILY LLC 9190 AQUARIUS BOISE, ID 83709	GILBERT J BOLEN 9190 AQUARIUS BOISE, ID 83709
	3. <u>New</u> Registered Agent Signature	

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	GILBERT J. BOLEN	9190 AQUARIUS ST	BOISE	ID	83709
MANAGER	MARLENE J. BOLEN	9190 AQUARIUS ST	BOISE	ID	83709

5. Organized Under the Laws of:  IDAHO W 11361	6. Signature <u>Gilbert J. Bolen</u> Date <u>2-26-09</u> Name (Typed or Printed) <u>GILBERT J. BOLEN</u> Title <u>MANAGER</u>
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