No. W 92167		Due no later than Apr 30, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRENT W SLEEP 231 LAKESHORE DR SAGLE ID 83860			
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.		4				
		SLEEP AND SON BUILDING CONTRACTORS LLC TAWNIE L SLEEP 231 LAKESHORE DR SAGLE ID 83860 USA						
				3	3. New Registered Agent Signature:*			
4. Limited Liability Cor	mpanies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	TAWNIE L S BRENT W S		231 LAKESHORE DR. 231 LAKESHORE DR.		SAGLE SAGLE	ID ID	USA USA	83986 83860
5. Organized Under the Laws of:		6. Annual Report mus	st be signed.*					
ID W 92167		Signature: Tawnie Sleep			Date: 04/23/2012			
		Name (type or print): Tawnie Sleep			Title: Member			
Processed 04/23/2012	2	* Electronically provid	ed signatures are accepted as origina	al signa	tures.			