

No. W 64479	Due no later than Jul 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID E ELLIS 527 4TH AVE N TWIN FALLS ID 83301															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ELLIS WOODWORKS LLC DAVID E ELLIS 527 4TH AVE N TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>David E. Ellis</td> <td>527 4th Ave N</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	member	David E. Ellis	527 4th Ave N	Twin Falls	ID	USA	83301
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
member	David E. Ellis	527 4th Ave N	Twin Falls	ID	USA	83301												
5. Organized Under the Laws of: IDAHO W 64479	6. Signature: <u>David E. Ellis</u> Date: <u>8/5/10</u> Name (type or print): <u>David E. Ellis</u> Title: <u>OWNER</u>																	
Issued 07/30/2010 by JL1 106707																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will be required.