



No. <b>W 79244</b>	Due no later than <b>11/30/2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address (NO PO BOX)
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 needed.		DENISE WOODS 473 S WOOD HAVEN AVE HAMMETT ID 83627
	RECLAIMED LIFE, L.L.C. PO BOX 91 HAMMETT ID 83627		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 Zip
Manager	Denise Woods	PO BOX 91	Hammett ID 83627
member	Brett Woods	PO BOX 91	Hammett ID 83627
Brett has same Street address as Denise (see box 2)			
5. Organized Under the Laws of:		6. Annual Report must be signed.	
ID W 79244		Signature: 	Date: 10/15/09 OCT. 15, 2009
		Name(type or print): DENISE WOODS	Title: MANAGER

Issued 9/10/2009 by CLH

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**