

No. W 844		Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box: if applicable PARKWAY 162 LIMITED LIABILITY COMPA ROBERT D LILLY 3571 E IMMIGRANT PASS BOISE, ID 83716		ROBERT D LILLY 3571 E IMMIGRANT PASS BOISE, ID 83716	
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Robert D. Lilly	3571 E. Immigrant Pass	Boise	ID	83716
5. Organized Under the Laws of: IDAHO W 844		6. Signature <u>Robert D. Lilly</u> Name <small>(Typed or Printed)</small> <u>Robert D. Lilly</u>		Date <u>11/12/08</u>	Title <u>Manager</u>
<u>Do Not Tape or Staple</u>					

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