

No. W 36716	Due no later than Feb 28, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. LEWIS ESTATES LLC STEVE LEWIS 5199 N MOUNT SHADOW LN BOISE ID 83714		STEVE LEWIS 5199 N MOUNT SHADOW LN BOISE ID 83714			
			3. <u>New</u> 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	Country	Postal Code
MANAGER	STEVE LEWIS	5199 N MOUNT SHADOW LN	BOISE	I	USA	83714
MANAGER	TOBI LEWIS	5199 N MOUNT SHADOW	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID W 36716	6. Annual Report must be signed.* Signature: Steve Lewis Name (type or print): Steve Lewis		Date: 03/06/2010 Title: Manager			
Processed 03/06/2010		* Electronically provided signatures are accepted as original signatures.				