No. W 8712		ue no later than May 31, 2011	2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GAROLD MAXFIELD			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		1920 S MAYFLOWER WAY BOISE ID 83709			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GAROLD MA	COTTAGES, LLC (THE) GAROLD MAXFIELD 1920 S MAYFLOWER WAY BOISE ID 83709		BOISE ID 63709			
	BOISE ID 8			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GAROLI) MAXFIELD	1920 S MAYFLOWER WAY	BOISE	ID	USA	83709	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: G	Signature: Garold Maxfield		Date: 04/01/2011			
W 8712	Name (type	Name (type or print): Garold Maxfield		Title: Manager			
Processed 04/01/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					