

No. W 12117		Due no later than Jun 30, 2010		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		Annual Report Form		MICHAEL P ANTON 1001 E SHASTA AVE POST FALLS ID 83854			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SOLID EDGE LLC MICHAEL P ANTON 931 STONEYBROOK LOOP POST FALLS ID 83854					
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	MICHAEL P ANTON	931 STONEYBROOK LOOP	POST FALLS	ID	USA	83854	
MANAGER	LEAH M ANTON	931 STONEYBROOK LOOP	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 12117		Signature: Michael Anton			Date: 04/15/2010		
		Name (type or print): Michael Anton			Title: Member		
Processed 04/15/2010		* Electronically provided signatures are accepted as original signatures.					