

No. W 41560	Due no later than August 31, 2007 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GEOFFROI A GOLAY DC, PLLC GEOFFROI A GOLAY 153 BLUE LAKES BLVD N TWIN FALLS, ID 83301		GEOFFROI A GOLAY 153 BLUE LAKES BLVD N TWIN FALLS, ID 83301 3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th data-bbox="165 378 289 409"><u>Office held</u></th> <th data-bbox="330 378 396 409"><u>Name</u></th> <th data-bbox="569 367 801 399"><u>Street or P.O. Address</u></th> <th data-bbox="1032 357 1082 388"><u>City</u></th> <th data-bbox="1214 346 1272 378"><u>State</u></th> <th data-bbox="1371 346 1412 378"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="123 420 264 483">Manager</td> <td data-bbox="305 420 561 483">Geoffroi A. Golay</td> <td data-bbox="619 420 999 483">153 Blue Lakes Blvd N.</td> <td data-bbox="1032 420 1172 483">Twin Falls</td> <td data-bbox="1214 420 1288 483">Id</td> <td data-bbox="1354 420 1462 483">83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Geoffroi A. Golay	153 Blue Lakes Blvd N.	Twin Falls	Id	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Geoffroi A. Golay	153 Blue Lakes Blvd N.	Twin Falls	Id	83301											
5. Organized Under the Laws of: IDAHO W 41560		6. Signature <u>Geoffroi A Golay</u> Date <u>6/8/07</u> Name <small>(Typed or Printed)</small> <u>Geoffroi A Golay</u> Title <u>Manager</u>														

200708006326

Issued 06/01/2007

Do Not Tape or Staple