No. W 16595 Return to:		Due no later than Sep 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVISON, L.L.C. MATT J DAVISON 2131 13TH AVE LEWISTON ID 83501			2. Registered Agent and Address (NO PO BOX) DANIEL A NORMAN 307 19TH STE A 4 LEWISTON ID 83501 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	s: Enter Nar	nes and Addresses of a	t least one Member or Manager.					
Office Held N	Name		Street or PO Address		City	State	Country	Postal Code
	MATHEW J DAVISON KIMMI R DAVISON		2880 PERRY LANE 2880 PERRY LANE		CLARKSTON CLARKSTON	WA WA	USA USA	99403 99403
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mathew Davison			Date: 07/13/2010			
W 16595		Name (type or print): Mathew Davison			Title: Member			
Processed 07/13/2010 * Electronically provided signatures are accepted as original signatures.								