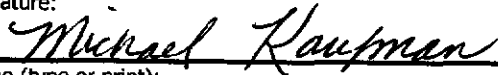
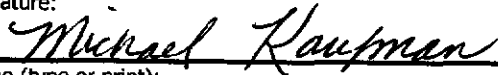
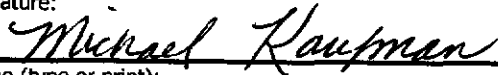


No. <b>W 106870</b>	Due no later than Sep 30, 2012 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> FELSTED AND KAUFMAN, LLC HOWARD UTZMAN PO BOX 604 PULLMAN WA 99163		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL KAUFMAN	2985 MAYFAIR RD	LEWISTON	ID	USA	83501
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	WILLIAM FELSTED	10826 S. GEORGE RD.	SPokane	WA	USA	99224
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 106870</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:  <b>9-7-12</b> </td> </tr> <tr> <td>           Name (type or print):  <b>MICHAEL KAUFMAN</b> </td> <td>           Title:  <b>MEMBER MANAGER</b> </td> </tr> </table>	Signature: 	Date: <b>9-7-12</b>	Name (type or print): <b>MICHAEL KAUFMAN</b>	Title: <b>MEMBER MANAGER</b>
Signature: 	Date: <b>9-7-12</b>				
Name (type or print): <b>MICHAEL KAUFMAN</b>	Title: <b>MEMBER MANAGER</b>				

Issued 08/24/2012 by DK1
107165