

No. <b>W 50565</b> 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>	Due no later than May 31, 2010 <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CUSTOM 32MM CABINETS & COUNTERTOPS, LLC  413 E 3RD AVE STE B POST FALLS ID 83854	2. Registered Agent and Office ( <b>NOT A          P.O. BOX</b> ) JESSE JAMES 413 E 3RD AVE STE B POST FALLS ID 83854														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>Jesse James</td> <td>413 E 3RD AVE STE B</td> <td>POST FALLS</td> <td>ID</td> <td>KOOTENAI</td> <td>83854</td> </tr> </tbody> </table>		Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	Jesse James	413 E 3RD AVE STE B	POST FALLS	ID	KOOTENAI	83854	3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
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5. Organized Under the Laws of:  IDAHO W 50565	6. <table border="1"> <tr> <td>Signature: <u>Jesse James</u></td> <td>Date: <u>6/11/10</u></td> </tr> <tr> <td>Name (type or print): <u>JESSE JAMES</u></td> <td>Title: <u>MANAGER</u></td> </tr> </table>		Signature: <u>Jesse James</u>	Date: <u>6/11/10</u>	Name (type or print): <u>JESSE JAMES</u>	Title: <u>MANAGER</u>										
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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM