No. W 81743		Due no later than Feb 28, 2011		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. A.O.L. MASONRY, LLC ANTONIO OLMEDO 5619 APPLE CREEK CIRCLE NAMPA ID 83687		5619 APPLE	ANTONIO OLMEDO 5619 APPLE CREEK CIRCLE			
				NAMPA ID 83687				
				3. <u>New</u> Registered Agent Signature:*				
RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ANTONIO OLM		LMEDO	5619 APPLE CREEK CIRCLE	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Antor		Date: 01/12/2011				
W 81743		Name (type or p		Title: Member				
Processed 01/12/2011 * Electronically provided signatures are accepted as original signatures.								