| No. | W 52660 | Due no later than July 31, 2008 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 | | 32. × 1. Mailing Address - Correct in this box, if applicable | WILLIAM R DALLING |
| | | CONSENSUS MEDIATION AND COUNSELING PO BOX 50050 IDAHO FALLS, ID 83405 | 525 PAKE AVE STE 2A IDAHO FALLS, ID 83402 |
| RECE | LING FEE IF IVED BY DUE DATE | | 3. New Registered Agent Signature |
| 4. L | imited Liability Compar | ies: Enter Names and Addresses of Members. | |
| | ce held Name | Street or P.O. Address | <u> </u> |
| W | es william k | Dalling 501 Park Ave. In | ahu (alls TD 834D- |
| | | | |
| | | | |
| | | | Significant persons |
| | | | |
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| | | | |
| | | | |
| . Organ | ized Under the Laws of: | 6. /// | F 2010C |
| 5. Organ | IDAHO | 6. Signature | Date 5-3008 |
| 5. Organ | | | Date 5-3008 Hirb Title Pres. |