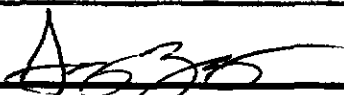
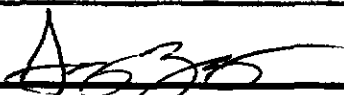
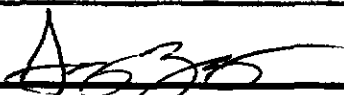


No. W 29970	Due no later than Apr 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RITA GATES 492 N KNOX AVE STAR ID 83669	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DE LA RALFROY LLC PO BOX 6036 BOISE ID 83707		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
	David Zuares	PO Box 6036	Boise	ID	83705

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 29970 </div>	6. <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Signature: </td> <td style="border: none; text-align: right;">Date: <u>2-17-11</u></td> </tr> <tr> <td style="border: none;">Name (type or print): <u>David Zuares</u></td> <td style="border: none; text-align: right;">Title: <u>Manager</u></td> </tr> </table>	Signature: 	Date: <u>2-17-11</u>	Name (type or print): <u>David Zuares</u>	Title: <u>Manager</u>
Signature: 	Date: <u>2-17-11</u>				
Name (type or print): <u>David Zuares</u>	Title: <u>Manager</u>				

Issued 02/11/2011 by DK1
112366

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho: **not a Post Office Box or Personal Mail Box.**