No. W 51933	Annual Report Form 1. Mailing Address Correct in this box. if applicable WEST JEFFERSON BOX 83720 SE, ID 83720-0080 FILING FEE IF EIVED BY DUE DATE		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE			BOISE, ID 83702 3. New Registered Agent Signature
Limited Liability Compan	ies: Enter Names and Addresses of	Managers.	
Office held Name	Street or P.O. Address	<u>City</u>	State Zip
Manager Louise Hx	tyhurst 810 50 Twin fi	he Dr. A	PINE ID. 83647
		4.5	
5. Organized Under the Laws of:	6.		/ - /////
IDAHO	Signature Souse	4. Hay	kuest Date 4/06/07
W 51933	Name Printed of Louise A. HAYKUTST Title Manager		
Issued 04/02/2007	Do Not Tape or St	aple	200706008046