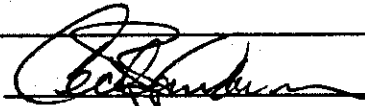
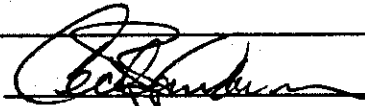
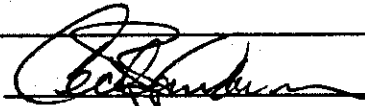


No. W 48428 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	DUE NO LATER THAN MAR 31, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable COOPER CONSULTING, LLC CECILY S COOPER 10 BEARTOWN HORSESHOE BEND, ID 83629	2. Registered Agent and Office NO PO BOX CECILY S COOPER 10 BEARTOWN HORSESHOE BEND, ID 83629 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
(owner) MANAGER	Cecily Cooper	10 Bear town,	Horseshoe Bend	Idaho	83629
(owner) MANAGER	Jon P. Cooper	10 Bear town,	Horseshoe Bend	Idaho	83629

5. Organized Under the Laws of: IDAHO W 48428	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Signature </td> <td style="width: 60%;">Date <u>April 15, 2008</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Cecily S. Cooper</u></td> <td>Title <u>MANAGER</u></td> </tr> </table>	Signature 	Date <u>April 15, 2008</u>	Name (Typed or Printed) <u>Cecily S. Cooper</u>	Title <u>MANAGER</u>
Signature 	Date <u>April 15, 2008</u>				
Name (Typed or Printed) <u>Cecily S. Cooper</u>	Title <u>MANAGER</u>				

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Do Not Tape or Staple

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