

No. W 81285	Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DONITA C WILSON 192 AITKEN RD WEIPPE ID 83553																
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. AITCO, LLC 192 AITKEN RD WEIPPE ID 83553		3. <u>New</u> Registered Agent Signature.																
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																			
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code									
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5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 81285 </div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Signature: <i>Donita Wilson</i> </td> <td style="width: 40%;"> Date: <i>01/07/13</i> </td> </tr> <tr> <td> Name (type or print): <i>Donita Wilson</i> </td> <td> Title: _____ </td> </tr> </table>		Signature: <i>Donita Wilson</i>	Date: <i>01/07/13</i>	Name (type or print): <i>Donita Wilson</i>	Title: _____												
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Issued 12/31/2012 by JL1		103083																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM