

No. W 81285	Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> 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	1. Mailing Address: Correct in this box if needed. AITCO, LLC 192 AITKEN RD WEIPPE ID 83553		3. <u>New</u> Registered Agent Signature.
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <u>Donita Wilson</u>	Street or PO Address	City <u>WEIPPE ID</u> State <u>CLEARWATER</u> Country <u>83553</u> Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  IDAHO W 81285		6. Signature: <u>Donita Wilson</u> Date: <u>01/07/13</u> Name (type or print): <u>Donita Wilson</u> Title: _____	
Issued 12/31/2012 by JL1		103083	

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**