No. W 69975	Due no later than Dec 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. CHERYLE JONES ANDREWS, M. ED. PLLC CHERYLE JONES ANDREWS 1517 W JEFFERSON ST BOISE ID 83702-5218			CHERYLE JONES ANDREWS 1517 W JEFFERSON ST BOISE ID 83702-5218 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE	50.52 15 03702						
4. Limited Liability Companies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CHERYLE JO	NES ANDREWS	1517 W JEFFERSON ST	BOISE	ID	USA	83702-5218	
5. Organized Under the Laws of:	6. Annual Report mus						
ID	ID Signature: Cheryle Jones Andrews		Date: 10/08/2010				
W 69975	Name (type or prir		Title: Member				
Processed 10/08/2010	* Electronically provided signatures are accepted as original signatures.						