

No. W 82007	Due no later than Mar 31, 2012 Annual Report Form		2. Registered Agent and Address (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	1. Mailing Address: Correct in this box if needed. STIMULUS, LLC (THE) CHRIS WATTS 1191 CABIN COVE IDAHO FALLS ID 83404		CHRISTOPHER E WATTS 1191 CABIN COVE IDAHO FALLS ID 83404			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CHRIS WATTS	1191 CABIN COVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 82007	6. Annual Report must be signed.* Signature: Chris Watts Name (type or print): Chris Watts		Date: 01/16/2012 Title: Manager			
Processed 01/16/2012		* Electronically provided signatures are accepted as original signatures.				