

No. <b>W 80263</b>	Due no later than Dec 31, 2010 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) BARBARA J DEERKOP 3207 4TH ST LEWISTON ID 83501	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> DEERKOP FAMILY LLC  3207 4TH ST LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.	

  

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
Manager	Barbara Deerkop	3207 4th ST	Lewiston	Id	NP 83501

  

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 80263</b> </div>	6. <table style="width: 100%;"> <tr> <td style="width: 70%;">           Signature: <u>Barbara Deerkop</u> </td> <td style="width: 30%;">           Date: <u>14 Oct 2010</u> </td> </tr> <tr> <td>           Name (type or print): <u>BARBARA DEERKOP</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Barbara Deerkop</u>	Date: <u>14 Oct 2010</u>	Name (type or print): <u>BARBARA DEERKOP</u>	Title: <u>Manager</u>
Signature: <u>Barbara Deerkop</u>	Date: <u>14 Oct 2010</u>				
Name (type or print): <u>BARBARA DEERKOP</u>	Title: <u>Manager</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Do not delete or change the name of the entity.