

No. W 2014	Due no later than January 31, 2009 Annual Report Form 1. Mailing Address - Correct in this box, if applicable QBRESOURCE, LLC LAUREN SLETTE PO BOX 6238 BOISE, ID 83707	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		LAUREN SLETTE 11132 W HICKORY DALE DR BOISE, ID 83713 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Lauren Slette	11132 W Hickory Dale Dr.	Boise	ID	83713
Manager	Michael Slette	11132 W Hickory Dale Dr.	Boise	ID	83713

5. Organized Under the Laws of: IDAHO W 2014	6. Signature <u><i>LSlette</i></u> Date <u>11/28/08</u> Name (Typed or Printed) <u>Lauren Slette</u> Title <u>Owner</u>
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