

No. W 36850	Due no later than Feb 28, 2009 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. SUMMER RAIN SPRINKLERS LLC MICHAEL E LAWRENCE 593 BLUEBELL AVE TWIN FALLS ID 83301 USA		MICHAEL LAWRENCE 593 BLUEBELL AVE TWIN FALLS ID 83301			
			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
MEMBER	MICHAEL LAWRENCE	593 BLUEBELL AVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 36850	6. Annual Report must be signed.* Signature: Michael E. Lawrence Name (type or print): Michael E. Lawrence		Date: 01/13/2009 Title: Member			
Processed 01/13/2009		* Electronically provided signatures are accepted as original signatures.				