No. **W 67674**	**Due no later than Oct 31, 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.** ADAHO, LLC KARI SACCOMANNO PO BOX 608 BOISE ID 83701	KARI SACCOMANNO 199 N CAPITOL #908 BOISE ID 83702 3. New 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	KARI SACCOMANNO	199 N CAPITOL #908	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67674**	Signature: Kari Saccomanno	Date: 11/17/2009
	Name (type or print): Kari Saccomanno	Title: Manager

Processed 11/17/2009

* Electronically provided signatures are accepted as original signatures.