

No. W 46618

DUE NO LATER THAN JAN 31, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ESKELSON, LLC
3187 POLELINE RD
POCATELLO, ID 83201

RICK ESKELSON
3187 POLELINE RD
POCATELLO, ID 83201

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
C.E.O.	RICK ESKELSON	3187 POLELINE RD.	POCATELLO	ID	83201
MEMBER	DEBBIE ESKELSON	3187 POLELINE RD.	POCATELLO	ID	83201

5. Organized Under the Laws of:

IDAHO
W 46618

6. Signature Rick Eskelson Date 1-10-09

Name (Typed or Printed) RICK ESKELSON Title C.E.O.