

No. W 53598	Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (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	1. Mailing Address: Correct in this box if needed.		BRUCE A VOLD 4019 W PLEASANTLANE POST FALLS ID 83854
	VOLD ENTERPRISES LLC 4019 W PLEASANTLANE POST FALLS ID 83854		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 Zip
Manager	Bruce A. Vold	4019 W. Pleasant Lane	Post Falls Idaho 83854
Manager	Shirley R. Vold	4019 W. Pleasant Lane	Post Falls Idaho 83854
5. Organized Under the Laws of: ID W 53598		6. Annual Report must be signed. X Signature: <u>B. A. Vold</u> Date: <u>8-19-09</u> Name(type or print): <u>BRUCE A. VOLD</u> Title: <u>Manager</u>	