

No. <b>J 1789</b>		<b>Due no later than Sep 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ELIZABETH SHAPPART 179 JEFFERSON AVE POCATELLO ID 83201			
		<b>1. Mailing Address: Correct in this box if needed.</b>  AT YOUR FINGERTIPS LLP ELIZABETH SHAPPART 179 JEFFERSON AVE POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	ELIZABETH SHAPPART	179 JEFFERSON AVE	POCATELLO	ID	USA	83201	
PARTNER	LISA RODRIGUEZ	179 JEFFERSON AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID J 1789</b>		Signature: Lisa Rodriguez			Date: 07/27/2009		
		Name (type or print): Lisa Rodriguez			Title: Partner		
Processed 07/27/2009		* Electronically provided signatures are accepted as original signatures.					