


No. W 26626	Due no later than 10/31/2009 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.		MICHAEL W ROBINSON 3996 LAKESHORE DR SAGLE ID 83860	
	ROBINSON DEVELOPMENT, LLC P O BOX 46 KOOTENAI ID 83840		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 Zip
Manager	Michael W. Robinson	P.O. Box 46	Kootenai	ID 83840
5. Organized Under the Laws of:		6. Annual Report must be signed:		
ID W 26626		Signature: 	Date: 9-21-09	
		Name(type or print): Michael W. Robinson	Title: Manager	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM