

No. <b>W 57959</b>		<b>Due no later than Jan 31, 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>  <b>1. Mailing Address: Correct in this box if needed.</b>  DR WEST & ASSOCIATES LLC JASON D WEST 2950 TREVOR ST POCA TELLO ID 83201 USA		JASON D WEST 2950 TREVOR ST POCA TELLO ID 83201			
				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	Country	Postal Code	
MANAGER	JASON D WEST	1753 RAINIER DR	POCA TELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID W 57959</b>		6. Annual Report must be signed.* Signature: Jason West Name (type or print): Jason West Date: 11/27/2010 Title: Manager					
Processed 11/27/2010		* Electronically provided signatures are accepted as original signatures.					