No. <b>W 78958</b>		Due no later than Nov 30, 2010 Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A AMOROSA BEL CHARLYN BEL 88 KING ST #1	ddress: Correct in this box if needed. LA, LLC LUZZO	199 N CAPITOL BOISE ID 837	CHARLYN BELLUZZO  199 N CAPITOL BLVD STE 600  BOISE ID 83702  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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		
	rd Belluzzo Yn Belluzzo	88 KING STREET #1205 88 KING STREET #1205	SAN FRANCISCO SAN FRANCISCO		USA USA	94107 94107		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
ID	Signature: Dr.	Signature: Dr. Charlyn Belluzzo Date: 09/26/2010						
W 78958	Name (type or	Name (type or print): Dr. Charlyn Belluzzo		Title: Managing Member				
Processed 09/26/2010	* Electronically pr	* Electronically provided signatures are accepted as original signatures.						