SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 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 Zip PCS AJHS LLC 613 E AVE D JEROME ID 83338 3. New Registered Agent Signature: Street or PO Address City State Zip The State Zip State Zip	No.	W 4670	Due no later than 9/30/2009	Registered Agent and Address (NO PO BOX)
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECETVED 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 Office Held Name Street or PO Address Office Held Name Street or PO Address Oty State Zip 73335 5. Organized Under the Laws of: Signature: Date: 7-1669	Return to:		Annual Report Form	ARLENE J SMITH
PO BOX 83720 BOISE, ID 83720-0080 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 Office Held Orcs To land The big Start Avel Serve ma Flato R3335		450 NORTH FOURTH STREET PO BOX 83720	1. Mailing Address: Correct in this box if needed.	·l
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 Zip Fres French Agent Signature: Office Held Name Street or PO Address City State Zip Fres French Agent Signature: 5. Organized Under the Laws of: 6. Annual Report must be signed. Signature: Signature: Date: 7-16-99	1		613 E AVE D JEROME ID 83338	
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 Pres Ar lena mith 6/3 East Ave Devome Flaho 83333				3. New Registered Agent Signature:
Office Held Name Street or PO Address City State Zip Pres French Mith 6/3 East Ave Jeroma I Liko 83335 5. Organized Under the Laws of: 6. Annual Report must be signed. 10 W 4670 Signature: Law April 10 Signature: Law April 10 Note: 7-16-09				
Pres Arlana 5 mith 6/3 East Ave Deroma I Liko 83335 5. Organized Under the Laws of: 6. Annual Report must be sighed. ID W 4670 Signature: Laws of: 7-1609	4. Lin	nited Liability Companies: Ente	er Names and Addresses of at least one Member or Manage	r.
5. Organized Under the Laws of: Signature: Signature: Signature: Date: 7-16-09	Offic	e Held Name	Street or PO Address	City State Zip
ID W 4670 Signature: 10 Date: 7-/6-09	4-	res Hr	lena mith 613 East Ho	Jeroma Elako 83338
ID W 4670 Signature: 10 Date: 7-/6-09				
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Name(type or print): 1+ (le hollean) m. + h Title:	5. O	ID	Signature	
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