

No. W 41969	Due no later than Aug 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN A WOOD 3390 FLINT DRIVE EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FISHER CROSSING LLC 3390 FLINT DR EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE			

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John Wood	3390 Flint Dr	Eagle	ID		83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 41969</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: <u>10/13/12</u> </td> </tr> <tr> <td> Name (type or print): <u>John Wood</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature:	Date: <u>10/13/12</u>	Name (type or print): <u>John Wood</u>	Title: <u>Member</u>
Signature:	Date: <u>10/13/12</u>				
Name (type or print): <u>John Wood</u>	Title: <u>Member</u>				

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