| No. W 60451 | | Due no later than Mar 31, 2009 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--------------------------------------|-------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. GILMORE CONSULTING SERVICES, LLC WILLIAM I GILMORE 500 RAVENWOOD LN SANDPOINT ID 83864 | | 500 RAVENW SANDPOINT | WILLIAM IRVING GILMORE 500 RAVENWOOD LN SANDPOINT ID 83864 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. | | | | | | | | |
| | Name | | Street or PO Address | City | State | Country | Postal Code | |
| | WILLIAM IRVING GILMORE KATHLEEN FIELDER GILMORE | | 500 RAVENWOOD LN 500 RAVENWOOD LN | SANDPOINT SANDPOINT | ID ID | USA USA | 83864 83864 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: William Gilmore | | | Date: 02/05/2009 | | | |
| W 60451 | | Name (type or print | | Title: Owner/Pres | | | | |
| Processed 02/05/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |