

No. W 43249		Due no later than Sep 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 Address: Correct in this box if needed. AUTUMN RIDGE, LLC. KIMBERLY S KRAMER 28565 OLD FORT BOISE RD PARMA ID 83660		KIMBERLY S KRAMER 28565 OLD FORT BOISE RD PARMA ID 83660			
NO FILING FEE IF RECEIVED BY DUE DATE				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	KIMBERLY S KRAMER	28565 OLD FORT BOISE RD	PARMA	ID	USA	83660	
MANAGER	TIMOTHY S KRAMER	28565 OLD FORT BOISE RD	PARMA	ID	USA	83660	
5. Organized Under the Laws of: ID W 43249		6. Annual Report must be signed.* Signature: Kimberly S Kramer Name (type or print): Kimberly S Kramer					
		Date: 10/04/2010 Title: Manager					
Processed 10/04/2010 * Electronically provided signatures are accepted as original signatures.							