

No. W 43249		Due no later than Sep 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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			
				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:		6. Annual Report must be signed.*					
ID W 43249		Signature: Kimberly S Kramer				Date: 10/04/2010	
		Name (type or print): Kimberly S Kramer				Title: Manager	
Processed 10/04/2010		* Electronically provided signatures are accepted as original signatures.					