No. W 110832 Return to:		Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX) KYLE STEVENS 1143 MIDWAY AMMON ID 83406 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EREDETTI LLC PO BOX 715 REXBURG ID 83440	1143 MID\ AMMON I				
NO FILING FEE IF RECEIVED BY DUE DATE			51 <u>11611</u> 116915	nei eu rigene o	gridianer		
4. Limited Liability Com	panies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KYLE STEVE	NS 1143 MIDWAY	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kyle Stevens		Date: 03/29/2013			
W 110832		Name (type or print): Kyle Stevens		Title: Manager			
Processed 03/29/2013 * Electronically provided signatures are accepted as original signatures.							