No. <b>W 3689</b>	D	Due no later than Mar 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT COLEMAN JR			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		335 MILL RD LEWISTON ID 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		COLEMAN SERVICES, L.L.C. ROBERT S COLEMAN JR 335 MILL RD LEWISTON ID 83501		LEWISTON ID 63301			
	LEWISTON I			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	T S. COLEMAN	335 MILL RD	LEWISTON	ID	USA	83501	
MANAGER JENNIF	ER K. COLEMAN	335 MILL RD	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
l ID	Signature: K	Signature: Kathie Otte		Date: 01/20/2012			
W 3689	Name (type	Name (type or print): Kathie Otte		Title: Executive Assistant			
Processed 01/20/2012	* Electronically (	* Electronically provided signatures are accepted as original signatures.					