No. W 76548		e no later than Aug 31, 2010	2. Registered Age	egistered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHAWN M COLDIRON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	OFF KEY COMM WADE COLDIF 109 LINCOLN A PRIEST RIVER	1. Mailing Address: Correct in this box if needed. OFF KEY COMMUNICATION LLC WADE COLDIRON 109 LINCOLN AVE PRIEST RIVER ID 83856		109 LINCOLN AVE PRIEST RIVER ID 83856 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SHAWN M COLDIRON		109 LINCOLN AVE	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		must be signed.*					
ID ID	Signature: Wa	Signature: Wade Coldiron		Date: 09/17/2010			
W 76548	Name (type or	Name (type or print): Wade Coldiron		Title: Manager			
Processed 09/17/2010	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					