No. W 56300	Due no later than November 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this b	ox. if applicable !	C TIMOTHY HOPKINS 428 PARK AVE IDAHO FALLS, ID 834	02
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Compar	nies: Enter Names and Addresses o	of Managers	3. New Registered Agent	Signature
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
Member Scevell ug	an 17400 NE Stoney yden 17400 NE Stoney stein 17400 NE Stoney	Meadows Dr	172200011100	TATA OFFICE
5. Organized Under the Laws of: IDAHO W 56300	6. Signature Name (Typed or C. Timo	MIL thy Hopkin	Dette 9/19 S Title Attor	
Issued 09/04/2007	Do Not Tape or S	tenie	2007110	