No. <b>W 48274</b>		Due no later than Mar 31, 2010		2	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.  RYLIE CREEK, LLC  MICHAEL J SWOPE  223 N 6TH ST STE 425  BOISE ID 83702		1	MICHAEL J SWOPE 223 N 6TH ST STE 425 BOISE ID 83702			
				3	3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	R MICHAEL J SWOPE		223 N 6TH ST STE 425		BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael J Swope			Date: 01/18/2010			
W 48274		Name (type or print): Michael J Swope			Title: Manager			
rocessed 01/18/2010 * Electronically provided signatures are accepted as original signatures.								