No. W 15108	Annual Report Form  1. Mailing Address - Correct in this box. if applicable 613 V		2. Registered Agent and Office NO PO BOX KENRICK E THOMAS 613 WEAVER BOISE, ID 83704	
Return to:				
SECRETARY OF STATE 450 NORTH FOURTH STREET				
PO BOX 83720	PO BOX 8104		102,15 00101	
BOISE, ID 83720-0080	BOISE, ID 83707	İ		
		3. <u>N</u>	ew Registered Ag	ent Signature
NO FILING FEE IF		-		
RECEIVED BY DUE DATE				
<ol> <li>Limited Liability Compar</li> </ol>	nies: Enter Names and Addresses of l	Members.		
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
	ng mula na han in miningka ng kakhati a gapada Zi VR.			
				- : 
5. Organized Under the Laws of: iDAHO	6. Signature Rick 2.  Name (Typed or Rick	Thomas	Date <u>2 -</u>	27-2009
W 15108	Name Printed or RICK	THOMA:	5 Title M.B	MBER
Issued 02/02/2009	Do Not Tape or Sta	aple	20090	)4005797