No. W 83517			Due no later than Apr 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:			Annual Report Form		RANDOLPH P ELFE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		E-SQUARED, I KYLE S. ELFE 943 DEL MAR TWIN FALLS	1. Mailing Address: Correct in this box if needed. E-SQUARED, LLC KYLE S. ELFE 943 DEL MAR DR. TWIN FALLS ID 83301		454 STAR DR BURLEY ID 83318 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
2001	oanies: Enter	Names and Addresse	es of at least one Member or Manager.				N 900	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KYLE S.	ELFE	943 DEL MAR DR.	TWIN FALSL	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Repor	6. Annual Report must be signed.*					
ID		Signature: Ky	Signature: Kyle Elfe		Date: 02/23/2011			
W 83517		Name (type o	Name (type or print): Kyle Elfe		Title: Manager			
Processed 02/23/2011 * Electronically provided signatures are accepted as original signatures.								