No. <b>W 80009</b> Return to:		Due no later than Dec 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  GENESIS 1:1 LLC SHARON KNOX PO BOX 749 STAR ID 83669 USA			2. Registered Agent and Address (NO PO BOX)  SHARON KNOX 4553 N EAGLE POINTE PL STAR ID 83669  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				STAR ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRUCE J KNOX		4553 N EAGLE POINTE PLACE	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sharon Knox			Date: 10/15/2010			
W 80009		Name (type or print): Sharon Knox			Title: Member			
Processed 10/15/2010 * Electronically provided signatures are accepted as original signatures.								