

No. **W 50565**

Due no later than **May 31, 2008**

**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

**JESSE JAMES**  
**413 E 3RD AVE STE B**  
**POST FALLS, ID 83854**

3. New Registered Agent Signature

Return to:

**SECRETARY OF STATE**  
**450 NORTH FOURTH STREET**  
**PO BOX 83720**  
**BOISE, ID 83720-0080**

1. Mailing Address - Correct in this box if applicable

**CUSTOM 32MM CABINETS & COUNTERTOPS,**  
**413 E 3RD AVE STE B**  
**POST FALLS, ID 83854**

**NO FILING FEE IF**  
**RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
| MANAGER            | JESSE JAMES | 413 E 3RD AVE STE B           | POST FALLS  | ID           | 83854      |

5. Organized Under the Laws of:  
**IDAHO**  
**W 50565**

6.

Signature Jesse James

Date MAY 22, 08

Name (Typed or Printed) JESSE JAMES

Title MANAGER