

No.

W 35898

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

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

PRAXIS LIMITED CO.

~~1800 N COLE RD #D107~~

BOISE, ID 83704

4310 N. Linda Vista Ln

CALEB HANSEN

~~1800 N COLE RD #D107~~

BOISE, ID 83704

4310 N. Linda
Vista Ln.

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Caleb Hansen	4310 N. Linda Vista Ln	Boise	ID	83704
Manager	Blake Summers	1800 N. Cole Rd #D204	Boise	ID	83704

5. Organized Under the Laws of:

IDAHO
W 35898

6.

Signature



Date

11-16-07

Name (Typed or Printed)

Caleb Hansen

Title

Manager

Issued 11/01/2007

Do Not Tape or Staple

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