

No. W 64206		Due no later than Jul 31, 2011		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MY ARCHITECT, LLC TIMOTHY P LYNCH 301 MAIN STE 101 LEWISTON ID 83501 USA		TIMOTHY P LYNCH 1829 BIRCH AVE LEWISTON ID 83501	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	TIMOTHY P LYNCH	1829 BIRCH AVE	LEWISTON	ID	USA 83501
5. Organized Under the Laws of: ID W 64206		6. Annual Report must be signed.* Signature: Timothy Lynch Name (type or print): Timothy Lynch Date: 07/01/2011 Title: Owner			
Processed 07/01/2011		* Electronically provided signatures are accepted as original signatures.			