No. W 110665	Due no later than Feb 28, 2013		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		PAM BURNS				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. BURNS CUSTOM CABINETS LLC GABRIEL M BURNS 5021 N FARMFIELD RD			17381 COPPER SPUR AVE NAMPA ID 83687			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			NAMPA ID 83	ויוארו עד איזיוארו			
	NEWMAN LAKE WA 99025 3. New Registered Agent Signature:*						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER GABRIEL MILLAR BURNS		5021 N. FARMFIELD RD.	NEWMAN LAKE	WA	USA	99025	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
WA	Signature: Gabriel M Burns			Date: 12/31/2012			
W 110665	Name (type or prin	me (type or print): Gabriel M Burns		Title: Owner			
Processed 12/31/2012	* Electronically provided signatures are accepted as original signatures.						