No. **W 83646**	**Due no later than May 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** MULLEN PROFESSIONAL SERVICES, LLC KRISTINE L MULLEN 690 REDMAN CHUBBUCK ID 83202	KRISTINE L MULLEN 690 REDMAN CHUBBUCK ID 83202 3. New 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
MANAGER	KRISTINE L MULLEN	690 REDMAN	CHUBBUCK	ID	USA	83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 83646**	Signature: Kristine L. Mullen	Date: 05/19/2011
	Name (type or print): Kristine L. Mullen	Title: Manager

Processed 05/19/2011

* Electronically provided signatures are accepted as original signatures.