No. **W 77571**	**Due no later than Sep 30, 2010** **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.** AMANDA LEE, LLC CARMA NELSON 1954 N PINEWOOD DR IDAHO FALLS ID 83401	CARMA NELSON 1954 N PINEWOOD DR IDAHO FALLS ID 83401 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	DEAN L NELSON	1954 N. PINEWOOD DR	IDAHO FALLS	ID	USA	83401-1742

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 77571**	Signature: Carma Nelson	Date: 07/15/2010
	Name (type or print): Carma Nelson	Title: Manager

Processed 07/15/2010

* Electronically provided signatures are accepted as original signatures.