No. <b>W 69560</b>		Oue no later than Dec 31, 2009	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Mailing	Annual Report Form  1. Mailing Address: Correct in this box if needed.  CARLIN HEIGHTS, LLC CHAD JOHNSON 2855 N TOP FLIEGHT DR POST FALLS ID 83854		SCOTT L POORMAN  8884 N GOVERNMENT WAY STE D  HAYDEN ID 83835  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CARLIN HEIO CHAD JOHN 2855 N TOP						
NO FILING FEE IF RECEIVED BY DUE DATE	POST FALLS						
4. Limited Liability Companies: Ente	r Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	OHNSON GLESSNER	2855 N TOP FLIGHT DR. PO BOX 2766	POST FALLS POST FALLS	ID ID	USA USA	83854 83877-2766	
5. Organized Under the Laws of: 6. Annu		Annual Report must be signed.*					
ID	Signature: 0	Signature: Chad Johnson		Date: 02/26/2010			
W 69560	Name (type	Name (type or print): Chad Johnson		Title: Member			
Processed 02/26/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					