


<b>No. W 41193</b>		<b>Due no later than July 31, 2007</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		<b>Annual Report Form</b>		MARK D CASSON 341 EASTRIDGE DR HAILEY, ID 83333													
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address - Correct in this box, if applicable</b> SERAPHINE SOLUTIONS, LLC MARK D CASSON PO BOX 3495 HAILEY, ID 83333		<b>3. New Registered Agent Signature</b>													
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>																	
<table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>MEMBER</td><td>MARK D. CASSON</td><td>BOX 3495</td><td>HAILEY</td><td>ID</td><td>83333</td></tr></tbody></table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	MARK D. CASSON	BOX 3495	HAILEY	ID	83333
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
MEMBER	MARK D. CASSON	BOX 3495	HAILEY	ID	83333												
<b>5. Organized Under the Laws of:</b> IDAHO W 41193		<b>6. Signature</b> 		<b>Date</b> 06-08-2007													
		<b>Name</b> (Typed or Printed) MARK D. CASSON		<b>Title</b> MEMBER													

Issued 05/01/2007

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