No. W 61259	Due no later than Apr 30, 2010		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			MARY JANE SJOSTRAND			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SANDHOLLOW DAVID C SJO 1701 S PINEY	CREEK RD	CALDWELL I	5152 OASIS RD CALDWELL ID 83607			
NO FILING FEE IF RECEIVED BY DUE DATE	NAMPA ID 8	3686	3. <u>New</u> Register	ed Agent Si	gnature:*		
4. Limited Liability Companies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DAVID C SJOSTRAND 3891 E ISLAND RD			ONTARIO	OR	USA	97914	
5. Organized Under the Laws of:	6. Annual Report	t must be signed.*					
ID	Signature: Da		Date: 04/29/2010				
W 61259	Name (type or print): David C Sjostrand			Title: Owner			
Processed 04/29/2010	* Electronically provided signatures are accepted as original signatures.						