No. W 32645		Due no later than Aug 31, 2012		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form			JOHN C ANDERSON			
		1. Mailing Address: Correct in this box if needed. JOHN C. ANDERSON, L.L.C. TISHA CHRISTENSEN PO BOX 469 TWIN FALLS ID 83303-0469			1801 HIGHLAND AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	panies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JOHN C ANDER:		DERSON	PO BOX 469		TWIN FALLS	ID	USA	83303-0469
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tisha Christensen			Date: 06/12/2012			
W 32645		Name (type or print): Tisha Christensen			Title: Manager			
Processed 06/12/2012 * Electronically provided signatures are accepted as original signatures.								