No.	W 2997	Due no later than 10/31/2009	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE		Annual Report Form	DOUGLAS L KOWALLIS
		1. Mailing Address: Correct in this box if needed	
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	NAI KOWALLIS & MACKEY L.L.C.  DOUGLAS L KOWALLIS  1501 FEDERAL WAY #400  BOISE ID 83705  BOISE, ID 83702	3983.9193705 Boise, ID83702	
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature:	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Offic	e Held Name	Street or PO Address  SalliS 5985.9th Street Swite #2	City State Zip
	inager 2000		
5. Or	ganized Under the Laws of: ID W 2997	6. Annual Report must be signed. Signature:	Date: 0-12-09 member/ Title: manager
Iss	ed 10/7/2009 by LJM		200910004245