


No. W 41697	Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WILDER APT., LLC CRAIG MACPHEE 3965 BOOTHE PARK RD COEUR D ALENE ID 83814		CRAIG MACPHEE 3965 BOOTHE PARK RD COEUR D'ALENE ID 83814 3. <u>New</u> Registered Agent Signature:												
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>CRAIG MACPHEE</td> <td>3965 BOOTHE PK RD</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Zip	MANAGER	CRAIG MACPHEE	3965 BOOTHE PK RD	COEUR D'ALENE	ID	83814
Office Held	Name	Street or PO Address	City	State	Zip										
MANAGER	CRAIG MACPHEE	3965 BOOTHE PK RD	COEUR D'ALENE	ID	83814										
5. Organized Under the Laws of: ID W 41697	6. Annual Report must be signed.. Signature:  Date: <u>09/14/09</u> Name(type or print): <u>CRAIG MACPHEE</u> Title: <u>TRUSTEE</u>														