No. W 36399		Due no later than Feb 28, 2006 Annual Report Form 1. Mailing Address: Correct in this box if needed. L 6, LLC 5985 DUNLAP RD MARSING ID 83639 0000		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					LESLIE LOUCKS 5985 DUNLAP RD MARSING ID 83639 0000 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at lea	ast one Member or Manager.					
Office Held	Name	9	Street or PO Address		City	State	Country	Postal Code
MANAGER LESLIE LOUCKS		CKS 5	985 DUNLAP RD		MARSING	ID		83639
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO W 36399		Signature: LESLIE LOUCKS			Date: 02/02/2006			
		Name (type or print): LESLIE LOUCKS			Title: REGISTERED AGENT			
Processed 02/02/2006 * Electronically provided signatures are accepted as original signatures.								