No. W 11058		Due no later than Feb 28, 2013		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 1. Mailing Address: Correct in this box if needed. KATHLEEN F. ROMA CPA, PLLC KATHLEEN F ROMA 1045 S ANCONA STE 150		KATHLEEN F ROMA 1045 S ANCONA STE 150 EAGLE ID 83616				
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE ID 8:	3616		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
MANAGER KA	ATHLEEN F	ROMA	1045 S ANCONA STE 150		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Heather McGovern			Date: 01/21/2013			
W 11058		Name (type or print): Heather McGovern			Title: Office Manager/Bookkeeper			
Processed 01/21/2013 * Electronically provided signatures are accepted as original signatures.								