

No. W 36120		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		WHATEVER, LLC MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL J SWOPE	2897 SWALLOWTAIL LANE	BOISE	ID	USA	83706	
MANAGER	MARY JANE SWOPE	2897 SWALLOWTAIL LANE	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 36120		Signature: Michael J Swope			Date: 11/08/2011		
		Name (type or print): Michael J Swope			Title: Manager		
Processed 11/08/2011		* Electronically provided signatures are accepted as original signatures.					