

No. <b>W 83379</b>		<b>Due no later than Apr 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CENTERPOINT CAPITAL ADVISORS LLC JOEL D PHILLIPS PO BOX 2986 POCATELLO ID 83206 USA		JOEL PHILLIPS 275 S. 5TH AVE STE 151 POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOEL D PHILLIPS	Street or PO Address PO BOX 2986		City POCATELLO	State ID	Country USA	Postal Code 83206
5. Organized Under the Laws of:  <b>ID</b> <b>W 83379</b>		6. Annual Report must be signed.*  Signature: Joel Phillips Name (type or print): Joel Phillips  Date: 04/16/2012 Title: Member					
Processed 04/16/2012 * Electronically provided signatures are accepted as original signatures.							