

No. W 15184		Due no later than Apr 30, 2007		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 1. Mailing Address: Correct in this box if needed. RYSKAMP MAPLE WAY DUPLEX, LLC DOROTHY KEEFER RYSKAMP 1545 LAPRELE APT. 45 IDAHO FALLS ID 83402 USA		DOROTHY KEEFER RYSKAMP 189 COMMONS RD IDAHO FALLS ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
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	DOROTHY KEEFER RYSKAMP	1545 LAPRELE APT.45	IDAHO FALLS	ID	USA	83402	
MANAGER	JOHN MICHAEL RYSKAMP	1545 LAPRELE APT. 45	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: IDAHO W 15184		6. Annual Report must be signed.* Signature: Dorothy Keefer Ryskamp Name (type or print): Dorothy Keefer Ryskamp Date: 04/07/2007 Title: Manager					
Processed 04/07/2007		* Electronically provided signatures are accepted as original signatures.					