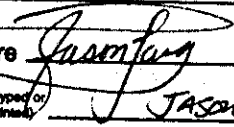


No. W 54509 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than September 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable IMAGO LEARNING SERVICES, LLC JASON LANG 987 W EIDER DR 920 W. 11th St. MERIDIAN, ID 83642	2. Registered Agent and Office NO PO BOX JASON LANG 987 W EIDER DR 920 W. 11th St. MERIDIAN, ID 83642 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> DIRECTOR/OWNER MANAGER </td> <td style="vertical-align: top;">JASON LANG</td> <td style="vertical-align: top;"> 987 W EIDER DR 920 W. 11th St. </td> <td style="vertical-align: top;">Meridian</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83642</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	DIRECTOR/OWNER MANAGER	JASON LANG	987 W EIDER DR 920 W. 11th St.	Meridian	ID	83642
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DIRECTOR/OWNER MANAGER	JASON LANG	987 W EIDER DR 920 W. 11th St.	Meridian	ID	83642									
5. Organized Under the Laws of: IDAHO W 54509	6. Signature  Date <u>9/22/07</u> Name (Typed or Printed) <u>JASON LANG</u> Title _____													

Issued 07/02/2007

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