

No. <b>W 11954</b>	<b>Due no later than May 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  UNIQUE SOLUTIONS IN MARKETING, LLC SHELDON LEON JACOBSON 10601 W ALTAIR DR STAR, ID 83669		SHELDON LEON JACOBSON 10601 W ALTAIR DR STAR, ID 83669  3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGING MEMBER</td> <td>SHELDON L. JACOBSON</td> <td>10601 W. ALTAIR DR.</td> <td>STAR,</td> <td>ID</td> <td>83669</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGING MEMBER	SHELDON L. JACOBSON	10601 W. ALTAIR DR.	STAR,	ID	83669
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGING MEMBER	SHELDON L. JACOBSON	10601 W. ALTAIR DR.	STAR,	ID	83669										
5. Organized Under the Laws of:  IDAHO W 11954	6. Signature <u>Sheldon L Jacobson</u> Date <u>4-14-05</u> Name (Typed or Printed) <u>SHELDON L. JACOBSON</u> Title <u>MANAGING MEMBER</u>														