No. <b>W 43249</b>		D	2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  AUTUMN RIDGE, LLC.  KIMBERLY S KRAMER  28565 OLD FORT BOISE RD  PARMA ID 83660		28565 OLD PARMA ID	KIMBERLY S KRAMER 28565 OLD FORT BOISE RD PARMA ID 83660  3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		man and Address	on of at least are Marshau ay Marsaay				
Office Held	Name	ines and Address	Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER	KIMBERLY S		28565 OLD FORT BOISE RD 28565 OLD FORT BOISE RD	PARMA PARMA	ID ID	USA USA	83660 83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 43249		Signature: K Name (type		Date: 08/06/2008 Title: Manager			
Processed 08/06/2008 * Electronically provided signatures are accepted as original signatures.							