No.	C 146885	Due no later than 12/31/2009	Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form CINDY L GRAFFEE	
		 Mailing Address: Correct in this box if needed. 	613 BRYDEN AVE STE A
		LIA CORPORATION (THE) 613 BRYDEN AVE STE A LEWISTON ID 83501	LEWISTON ID 83501
			3. New Registered Agent Signature:
RE	NO FILING FEE IF CEIVED BY DUE DATE		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
Offic	e Held Name	Street or PO Address	City State Zip
r +	esident Cini re Pres. Hed eridary Mi easurer Ci	Street or PO Address Ly Straffee 613 Bryden G WHAT Shaffee 613 Bryden G WHAT Shaffee 613 Bryden G WHAT Shaffee 613 Bryden	n ave securston eld 8350/ mave securston (8350)
5. Q	rganized Under the Laws of: ID C 146885	6. Annual Report must be signed. Signature Schaff Name(type or print): C'NOY L. BRAFFE	lee Date: 12-4-09 E Title: President
Iss	ued 10/16/2009 by CLH		200912003425