No. W 20959 Return to:		ie no later than Oct 31, 2007 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JAMES C LUPER 110 16TH ST LEWISTON ID 83501 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A AV PROPERTII JAMES C LUF 110 16TH ST LEWISTON ID	PER	LEWISTON				
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JAMES C MANAGER CHRIS E	LUPER DICKAMORE	110 16TH ST 2229 GRELLE AVE	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of: 6. Annual Repor		t must be signed.*					
ID	Signature: Jai	Signature: James C Luper		Date: 11/17/2007			
W 20959	Name (type o	Name (type or print): James C Luper		Title: Manager			
Processed 11/17/2007	* Electronically p	* Electronically provided signatures are accepted as original signatures.					