No.	W 6145	Due no later than May 31, 2007	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address - Correct in this box, if applicable AMERICAN DISABILITIES ACT COMPLIANC F 2421 KOMO MAI PEARL CITY, HI 96782	RONALD D CARLSON 641 E 800N BOX 128 FIRTH, ID 83236 3. New Registered Agent Signature
4. L	Imited Liability Comp	panies: Enter Names and Addresses of Managers.	the second of the second
MF MF	hold <u>Name</u> DAYLE CA RONALD C	Street or P.O. Address RLSON 8421 KONIO XMA: PEA RLSON 641 E SOON BOXES Fill	State ZID PL City HI 96782 PTH FO 83736
5. Organized Under the Laws of: HAWAII W 6145		6. Signature Loylandson Name Prinad or DAYLE CARLS	Date 3/17/07 Title M PARTNER
Issued 03/01/2007		Do Not Tape or Staple	200705005452

المعادة وأحداث الجادات أأكر والمدام الأكار ويعاصم مراوضة الجالوا مرأت وأرام ويستحد موسر أويوك والمويون ويرويا

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