No. W 53602	Due no later than Aug 31, 2010	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	TIMOTHY J STOVER
SECRETARY OF STATE	1. Mailing Address: Correct in this box if nee	eeded. 746 N COLLEGE RD STE C TWIN FALLS ID 83301
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WORST, FITZGERALD & STOVER, PLLC TIMOTHY J. STOVER 746 N COLLEGE RD STE C	TWIN FALLS ID 65501
	PO BOX 5226	3. New Registered Agent Signature:*
NO FILING FEE IF	TWIN FALLS ID 83303-5226	
RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manage	ger.
Office Held Name	Street or PO Address	City State Country Postal Code
MEMBER TIMOTHY J	STOVER PO BOX 5226	TWIN FALLS ID USA 83303
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Timothy J. Stover	Date: 06/30/2010
W 53602	Name (type or print): Timothy J. Stover	Title: Member
Processed 06/30/2010 * Electronically provided signatures are accepted as original signatures.		