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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 67496</b>                                                                                                                                     |                 | <b>Due no later than Oct 31, 2010</b>                                                                                                         |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b>                                                                                                                     |       | AMELIA A SHEETS<br>477 PLEASANT COUNTRY LANE<br>RIGBY ID 83442 |         |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>AMELIA A. SHEETS, PLLC<br>AMELIA A SHEETS<br>PO BOX 277<br>RIGBY ID 83442<br>USA |       | 3. <u>New</u> Registered Agent Signature:*                     |         |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | AMELIA A SHEETS | PO BOX 277 477 PLEASANT COUNTRY LANE                                                                                                          | RIGBY | ID                                                             | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 67496</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Amelia A Sheets<br>Name (type or print): Amelia A Sheets                                      |       |                                                                |         |             |  |
| Date: 12/06/2010<br>Title: Member                                                                                                                      |                 |                                                                                                                                               |       |                                                                |         |             |  |
| Processed 12/06/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                     |       |                                                                |         |             |  |