No. W 21024		Due no later than Oct 31, 2009		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		No. 15500000000 and 165000000000000000000000000000000000000	ARRON SHORE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.			16096 N 20TH STREET NAMPA ID 83687			
		METHODWORKS, L.L.C. ARRON SHORE 16096 N 20TH STREET NAMPA ID 83687 USA		IVAL II A ID	NAME ID 65007			
				3. New Regist	3. New Registered Agent Signature:*			
4. Limited Liability Comp	oanies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	ARRON SHORE KYERSTEN N SHORE		3506 TAYTEN DR 3506 TAYTEN DR	Nampa Nampa	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Arron Shore		Date: (Date: 08/13/2009			
W 21024		Name (type or print): Arron Shore		Title:	Title: Managing Member			
Processed 08/13/2009		* Electronically p	provided signatures are accepted as origin	nal signatures.				