No. <b>W 91505</b>		Due no later than Mar 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRIAN V THOMAS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  QUALITY & DIVERSIFIED SERVICES, LLC  BRIAN THOMAS  3633 THIRTEENTH ST  LEWISTON ID 83501		LEWISTON I	3633 THIRTEENTH ST LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER ANGELA P THOMAS		3633 THIRTEENTH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 91505		Signature: Brian Thomas			Date: 04/13/2012			
		Name (type or print): Brian Thomas			Title: Owner			
* Electronically provided signatures are accepted as original signatures.								