No. W 80927		Due no later than Jan 31, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL E LAWRENCE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CUSTOM FINANCE OPTIONS, LLC JACOB J GARLING 468 HUNTER AVE TWIN FALLS ID 83301		TWIN FALLS	593 BLUEBELL AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	anies: 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	JACOB J. G	ARLING	468 HUNTER AVE.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 80927		Signature: Ja		Date: 02/08/2012				
		Name (type o		Title: Member				
rocessed 02/08/2012 * Electronically provided signatures are accepted as original signatures.								