No. **W 65970**	**Due no later than Aug 31, 2009**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SWOPE, LLC MIKE SWOPE 223 N 6TH ST STE 425 BOISE ID 83702	MICHAEL J SWOPE 223 N 6TH ST STE 425 BOISE ID 83702 3. New 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
MANAGER	MARY J SWOPE	223 N 6TH #425	BOISE	ID	USA	83702
MANAGER	MICHAEL J SWOPE	223 N 6TH ST STE 425	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 65970**	Signature: Mike Swope	Date: 06/12/2009
	Name (type or print): Mike Swope	Title: Manager

Processed 06/12/2009

* Electronically provided signatures are accepted as original signatures.