

No. <b>W 41193</b>		<b>Due no later than Jul 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SERAPHINE SOLUTIONS, LLC MARK D CASSON PO BOX 3495 HAILEY ID 83333		MARK D CASSON 341 EASTRIDGE DR HAILEY ID 83333			
				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	MARK D CASSON	PO BOX 3495	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 41193</b>		Signature: M. D. Casson				Date: 05/20/2011	
		Name (type or print): M. D. Casson				Title: Member	
Processed 05/20/2011		* Electronically provided signatures are accepted as original signatures.					