No. W 86473	Due no later than Aug 31, 2010 Annual Report Form	2. Registered Agent and Office **(NOT A P.O. BOX)** CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** HUSER INTEGRATED TECHNOLOGIES, LLC 1313 NW 17TH AVE PORTLAND OR 97209	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Michael Bode	1313 NW 17th Ave.	Portland	OR	USA	97209

5. Organized Under the Laws of:	6.
OREGON W 86473	Signature: [signature] Date: 7/8/10 Name (type or print): Michael Bode Title: Manager

Issued 07/08/2010 by PEH 108474

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM