

No. <b>W 40240</b>	<b>Due no later than June 30, 2006</b>		2. Registered Agent and Office <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>		LISA MANYON 915 BURRELL AVE LEWISTON, ID 83504												
	<b>1. Mailing Address - Correct in this box, if applicable</b>  WRITE ON-CREATIVE WRITING SERVICES LISA MANYON 915 BURRELL AVE LEWISTON, ID 83504														
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER/ MANAGER</td> <td>LISA MANYON</td> <td>915 BURRELL AVE</td> <td>LEWISTON</td> <td>ID</td> <td>83504</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER/ MANAGER	LISA MANYON	915 BURRELL AVE	LEWISTON	ID	83504
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
OWNER/ MANAGER	LISA MANYON	915 BURRELL AVE	LEWISTON	ID	83504										
5. Organized Under the Laws of:  IDAHO W 40240		6. Signature <u><i>Lisa Manyon</i></u> Date <u>5/9/06</u> Name <small>(Typed or Printed)</small> <u>Lisa Manyon</u> Title <u>OWNER/ MANAGER</u>													

Issued 04/03/2006

Do Not Tape or Staple

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