No. W 81239			Due no later than Feb 28, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form			JOHANNA PAYNE			
		PAYNE BOO JOHANNA 5161 N GO	1. Mailing Address: Correct in this box if needed. PAYNE BOOKKEEPING SERVICES, LLC JOHANNA PAYNE 5161 N GOLDEN VIEW CT STAR ID 83669		5161 N GOLDEN VIEW CT STAR ID 83669 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	oanies: Enter N	lames and Addre	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHANNA	K PAYNE	5161 N. GOLDEN VIEW CT	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature:	Johanna Payne	Da	Date: 12/28/2012			
W 81239		Name (typ	e or print): Johanna Payne	Title: Owner/Manager				
Processed 12/28/2012 * Electronically provided signatures are accepted as original signatures.								