No. W 6971		Du	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			JEFFREY E CAMPBELL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			12 SPRING CREEK DR HORSESHOE BEND ID 83629			
		CAMPBELL CONSULTING, L.L.C. JEFFREY E CAMPBELL 3870 W. DEERPATH DR.						
		BOISE ID 83714		3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JEFFREY E	CAMPBELL	3870 W. DEERPATH DR.	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jef		Date: 07/25/2009				
W 6971		Name (type or		Title: Manager				
Processed 07/25/2009 * Electronically provided signatures are accepted as original signatures.								