

|  |               |   |            |  |         |             |  |
|--|---------------|---|------------|--|---------|-------------|--|
| No. <b>W 5590</b>  |               | <b>Due no later than Feb 29, 2012</b>   |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>   |            | MARY L MORRIS<br>1120 N SPOKANE ST<br>POST FALLS ID 83854-7656 |         |             |  |
|  |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>MARY L. MORRIS, CPA, PLLC<br>MARY L MORRIS<br>PO BOX 2199<br>POST FALLS ID 83877-2199<br>USA |            | 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 |  |
| MANAGER  | MARY L MORRIS | 1120 N SPOKANE ST PO BOX 2199   | POST FALLS | ID   | USA     | 83854-7656  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 5590</b>  |               | 6. Annual Report must be signed.*<br>Signature: Mary L Morris<br>Name (type or print): Mary L Morris<br>Date: 12/12/2011<br>Title: Manager                |            |  |         |             |  |
| Processed 12/12/2011   |               | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |