No. <b>W 53766</b>		Due no later than Aug 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		OMPSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JIMMIE DEVON THOMPSON P.AC., P.L.L.C.  JIMMIE D THOMPSON  207 3RD AVENUE EAST		207 THIRD AVE EAST TWIN FALLS ID 83301				
	JIMMIE D TH							
	TWIN FALLS	TWIN FALLS ID 83301		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER JIMMIE D THOMPSON		497 HUNTER AVENUE	TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID	Signature: Jir	Signature: Jimmie D. Thompson			Date: 09/08/2009			
W 53766	Name (type o	Name (type or print): Jimmie D. Thompson Title: Member						
Processed 09/08/2009	* Electronically p	* Electronically provided signatures are accepted as original signatures.						