

No. W 50364		Due no later than May 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FINGERPRINTS OF FAITH LLC MARJORIE ROSEWELL PO BOX 396 ATHOL ID 83801 USA		MARHORIE ROSEWELL 1870 DRIFTWOOD HEIGHTS DR HARRISON ID 83833			
				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	MARJORIE ROSEWELL	PO BOX 396	ATHOL	ID	USA	83801	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 50364		Signature: Marjorie Rosewell				Date: 03/26/2013	
		Name (type or print): Marjorie Rosewell				Title: Manager	
Processed 03/26/2013		* Electronically provided signatures are accepted as original signatures.					