

No. W 91194		Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EDWARD L SWEARINGEN 1101 MAPLE DR MTN HOME ID 83647															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. 1ST CLASS LIMO SERVICE, LLC EDWARD L SWEARINGEN 1101 MAPLE DR MTN HOME ID 83647		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																			
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)</td><td colspan="6">Edward L. SWEARINGEN P.O. 1017 MT. HOME, ID. 83647</td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Edward L. SWEARINGEN P.O. 1017 MT. HOME, ID. 83647					
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code													
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Edward L. SWEARINGEN P.O. 1017 MT. HOME, ID. 83647																		
5. Organized Under the Laws of: IDAHO W 91194		6. Signature: <u>Edward L. Swearingen</u> Date: <u>3/31/11</u> Name (type or print): <u>EDWARD L. SWEARINGEN</u> Title: <u>MANAGER</u>																	
Issued 03/30/2011 by J.L.				106119															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.