W 9390 Due no later than July 31, 2007 No. 2. Registered Agent and Office NO PO BOX **Annual Report Form** Return to: TIM JOHNSON 1. Mailing Address - Correct in this box, if applicable SECRETARY OF STATE 1731 8 LINDA VISTA AVE JOHNSON DESIGN, L.L.C. BOISE, ID 83709 **450 NORTH FOURTH STREET** 1111 S ORCHARD STE 153 3662 N. LEGACY WOODS AVE. PO BOX 83720 BOISE, ID 83709 MEDIDAN, 10 B364L BOISE, ID 83720-0080 3. New Registered Agent Signature NO FILING FEE IF RECEIVED BY DUE DATE Limited Liability Companies: Enter Names and Addresses of Members. Office held Street or P.O. Address City <u>State</u> Ζiρ 83C4L 10 MEDIDAN TIM JOHNSON 3CLZ N. LEGACY WOODS AVE. MANAGER 83713 SCOTT JOHNSON 13666 FIG ST. BOISE ID MEMBER 5. Organized Under the Laws of: Date 6/18/07 IDAHO Signature . W 9390 Title MANAGER/PASSIDEN! TIM JOHNSON Name Printed Issued 05/01/2007 200707005105 Do Not Tape or Staple