____ Idaho Secretary of State 01/05/2007 16:88 FAX 334 2080 M 002 Due no later than Dec 31, 2006 2. Registered Agent and Office NO PO BOX W.35418 No. Annual Report Form JOAN DENISE ADAMSON Return to: 1 Malong Address: Correct in this being daipplicab 12630 ORCHARD AVE SECRETARY OF STATE PARK CENTRE PLAZA, L.L.C. 700 WEST JEFFERSON PO BOX \$3720 NAMPA ID 63651 12830 ORCHARD AVE BOISE, ID 83720-0080 3. New Registered Agent Signature NO FILING FEE IF NAMPA ID #3851 RECEIVED BY DUE DATE Limited Liability Companies: Enter Names and Addresses of Members. Street or P.O. Address Zip

Joan DAdamen 12630 Orcha SYLVAN Adames-

365/

W35415

5. Organized Under the Laws

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IDAHO W 35415 Signature Name Pro

Issued 01/05/2007 by KAH

Do Not Tape or Staple

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Pold, seal and mail this portion.

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Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be attered through the use of this form. Pay special attention to the mailing address. If the correct malling 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.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered spent must be at a street address in idaho; not a Post Office Box or Personal Mail Box

BLOCK 3: Only a new registered agent must sign in Block 2.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as lest year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Blook 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 8: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.

If the (corporation/Limited Liebility Company) is no longer doing business in idaho, you may file the appropriate form and fee. Forms are available on our website at www.ktaca.state.id.us. However, if no timely armuel report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) \$34-2301.

POSTMARK DATES WILL NOT BE ACCEPTED

REV. (\$/05)