

No. <b>W 101658</b>		<b>Due no later than Mar 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SIMPSON SPECIALTY SERVICES LLC ADAM JUSTIN SIMPSON 157 TWIN CIRCLE TWIN FALLS ID 83301 USA		ADAM JUSTIN SIMPSON 157 TWIN CIRCLE TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ADAM JUSTIN SIMPSON	Street or PO Address 157 TWIN CIR		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 101658</b>		6. Annual Report must be signed.*  Signature: Adam Simpson Name (type or print): Adam Simpson  Date: 04/02/2012 Title: Owner					
Processed 04/02/2012 * Electronically provided signatures are accepted as original signatures.							