No. **W 78780**	**Due no later than Oct 31, 2010** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** ACCU-STRAP LLC CORY G GAHLEY 27128 GOTSCH RD PARMA ID 83660	CORY GAHLEY 27128 GOTSCH RD PARMA ID 83660 3. New 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	CORY G GAHLEY	27128 GOTSCH RD	PARMA	ID	USA	83660

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 78780**	Signature: Cory Gahley	Date: 11/09/2010
	Name (type or print): Cory Gahley	Title: Manager

Processed 11/09/2010

* Electronically provided signatures are accepted as original signatures.