

No. W 41317		Due no later than Jul 31, 2010		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		Annual Report Form		JULIE SEVERN 234 RANDY DR REXBURG ID 83440																	
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*																	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</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>MANAGER</td> <td>MICHAEL SEVERN</td> <td>234 RANDY DR</td> <td>REXBURG</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> </tbody> </table>								Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	MICHAEL SEVERN	234 RANDY DR	REXBURG	ID	USA	83440
Office Held	Name	Street or PO Address	City	State	Country	Postal Code															
MANAGER	MICHAEL SEVERN	234 RANDY DR	REXBURG	ID	USA	83440															
5. Organized Under the Laws of: ID W 41317		6. Annual Report must be signed.* Signature: Julie Severn Name (type or print): Julie Severn Date: 08/02/2010 Title: Owner																			
Processed 08/02/2010		* Electronically provided signatures are accepted as original signatures.																			