

<b>No. W 20158</b>	<b>Due no later than July 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  CHAD W SHEPPEARD 531 LOST BASIN CT NAMPA, ID 83686												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  ACCENT DESIGN, LLC. 531 LOST BASIN CT NAMPA, ID 83686		3. <u>New</u> Registered Agent Signature												
4. <b>Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> <b>NO</b> </td> <td style="vertical-align: top;"> <b>ACCENT DESIGN LLC.</b> </td> <td style="vertical-align: top;"> <b>109 SOUTH K ST.</b> </td> <td style="vertical-align: top;"> <b>LIVINGSTON</b> </td> <td style="vertical-align: top;"> <b>MT.</b> </td> <td style="vertical-align: top;"> <b>59047</b> </td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<input checked="" type="checkbox"/> <b>NO</b>	<b>ACCENT DESIGN LLC.</b>	<b>109 SOUTH K ST.</b>	<b>LIVINGSTON</b>	<b>MT.</b>	<b>59047</b>
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5. Organized Under the Laws of:  IDAHO W 20158		6. Signature <u>Chad Sheppard</u> Date <u>6-7-05</u>  Name <small>(Typed or Printed)</small> <u>CHAD SHEPPEARD</u> Title <u>OWNER</u>													

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