

No. W 34020		Due no later than Oct 31, 2012		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 1. Mailing Address: Correct in this box if needed. STA, LLC LAVENA K SIMONS 6219 PRIMROSE ST BOISE ID 83704		LAVENA SIMONS 6219 PRIMROSE ST BOISE ID 83704			
				3. <u>New</u> 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	LAVENA SIMONS	6219 PRIMROSE ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 34020		6. Annual Report must be signed.* Signature: Lavena K. Simons Name (type or print): Lavena K. Simons Date: 10/31/2012 Title: Manager					
Processed 10/31/2012		* Electronically provided signatures are accepted as original signatures.					