

No. **W 39141**

Due no later than May 31, 2009

2. Registered Agent and Office **NO PO BOX**

Annual Report Form

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

1. Mailing Address - Correct in this box, if applicable

**PREFERRED FRAMING LLC
3552 NORTH 3500 EAST
KIMBERLY, ID 83341**

**TOM SIEGERS
3552 NORTH 3500 EAST
KIMBERLY, ID 83341**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	Tom Siegers	3552 N 3500 E	Kimberly	ID	83341

5. Organized Under the Laws of:
**IDAHO
W 39141**

6.

Signature

Tom W Siegers

Date

3-12-09

Name (Typed or Printed)

Tom W Siegers

Title

OWNER