

No. W 62517	Due no later than May 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.		A GRIM IV 66 MOUNTAIN DR POCATELLO ID 83204			
	COVER PRODUCTIONS LLC 66 MOUNTAIN DR. POCATELLO ID 83204 USA		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	ORIS A GRIM IV	66 MOUNTAIN DR.	POCATELLO	ID	USA	83204
5. Organized Under the Laws of: ID W 62517		6. Annual Report must be signed.* Signature: Oris A Grim IV Name (type or print): Oris A Grim IV		Date: 03/18/2010 Title: Manager		
Processed 03/18/2010		* Electronically provided signatures are accepted as original signatures.				