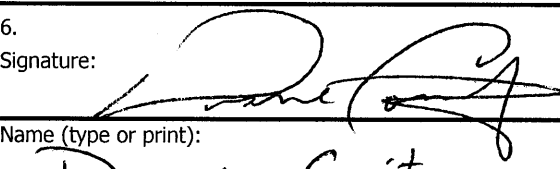


No. W 44313	Due no later than Nov 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DUANE R CONITZ 10267 MAYMIE RD BOISE ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. AARDVARK ENTERPRISES, LLC DUANE R CONITZ 10267 MAYMIE RD BOISE ID 83714		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DUANE Conitz	10267 MAYMIE RD	Boise	Id.	Ada	83714
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 44313 </div>	6. Signature:  Date: <u>11-1-12</u> Name (type or print): <u>DUANE Conitz</u> Title: <u>owner/operator</u>
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Issued 10/26/2012 by CLH
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM