
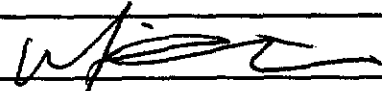


<b>No. W 37585</b>	<b>Due no later than March 31, 2009</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>  MICHAEL R REISNER 5603 E SAGEWOOD DR IDAHO FALLS, ID 83406																		
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address - Correct in this box, if applicable</b>  REISNER'S RENOVATIONS L.L.C. 1597 DELMAR CIR IDAHO FALLS, ID 83404	<b>3. New Registered Agent Signature</b> 																		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>MICHAEL REISNER</td> <td>1597 DELMAR CIR</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>MANAGER</td> <td>LAURA REISNER</td> <td>1597 DELMAR CIR</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</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>	MANAGER	MICHAEL REISNER	1597 DELMAR CIR	IDAHO FALLS	ID	83404	MANAGER	LAURA REISNER	1597 DELMAR CIR	IDAHO FALLS	ID	83404
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MANAGER	LAURA REISNER	1597 DELMAR CIR	IDAHO FALLS	ID	83404															
<b>5. Organized Under the Laws of:</b>  IDAHO W 37585	<b>6.</b> Signature  Date <u>1-12-09</u> Name (Typed or Printed) <u>MICHAEL REISNER</u> Title <u>MANAGER</u>																			