

No. W 8693

Due no later than May 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

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

DUANE AND LORRAINE STUECKLE FAMILY  
DUANE H STUECKLE  
200 PARKWAY DR  
BOISE, ID 83706

DUANE STUECKLE  
200 PARKWAY DRIVE  
BOISE, ID 83706

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

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>
MANAGER	DUANE STUECKLE	200 PARKWAY DR	BOISE	ID	83706

5. Organized Under the Laws of:  
IDAHO  
W 8693

6.

Signature

Date 3-10-08

Name

(Typed or Printed)

DUANE STUECKLE

Title MANAGER

o No