

No. W 41840		Due no later than Aug 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DECK DOCTOR LLC PAMELA MCCLENNY 4740 N SMOKY RIDGE LN EAGLE ID 83616 USA		KURT E MCCLENNY 4740 N SMOKY RIDGE LN EAGLE ID 83616			
				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	KURT E MCCLENNY	4740 N SMOKY RIDGE LN	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 41840		6. Annual Report must be signed.* Signature: Pamela S McClenny Name (type or print): Pamela S McClenny				Date: 08/06/2009 Title: Member	
Processed 08/06/2009		* Electronically provided signatures are accepted as original signatures.					