

<b>No. W 75704</b>	<b>Due no later than 6/30/2009 Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> INVOICE SOLUTIONS LLC JESSIE MARTINEZ PO BOX 323 SHELLEY ID 83274	JESSIE MARTINEZ 397 E CENTER ST SHELLEY ID 83274											
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.		3. <u>New</u> Registered Agent Signature:												
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Jessie martinez</td> <td>397 E.Center st</td> <td>Shelley</td> <td>Idaho</td> <td>83274</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Zip	Owner	Jessie martinez	397 E.Center st	Shelley	Idaho	83274		
Office Held	Name	Street or PO Address	City	State	Zip									
Owner	Jessie martinez	397 E.Center st	Shelley	Idaho	83274									
5. Organized Under the Laws of:  <b>ID W 75704</b>	6. Annual Report must be signed. Signature: <u>J. Martinez</u> Date: <u>4-26-09</u> Name(type or print): <u>Jessie Martinez</u> Title: <u>Owner</u>													