No. **W 66984**	**Due no later than Sep 30, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PATTY KOSTERMAN LLC JAMES A CRIPE 7556 W HIGHLAND DR COEUR D ALENE ID 83814	JAMES A CRIPE 7556 W HIGHLAND DR COEUR D'ALENE ID 83814 3. New 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
MEMBER	PATTY KOSTERMAN	3742 E MAIN RD APT 1 MCCLENATHAN PARK	FREDONIA	NY	USA	14063

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 66984**	Signature: James A Cripe	Date: 07/19/2012
	Name (type or print): James A Cripe	Title: Registered Agent

Processed 07/19/2012

* Electronically provided signatures are accepted as original signatures.