| No. W 63166 | Due no later than May 31, 2009 | 2. | 2. Registered Agent and Office NO PO BOX | | |
|---|---|-----|---|-----------------|--|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address - Correct in this box. if applicable 819 CHICAGO, LLC 9387 N SNAFFLE BIT LN KUNA, ID 83634 | | TAMI MCHUGH 9387 N SNAFFL KUNA, ID 8363 | E BIT LN | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Compa | | 3. | New Registered | Agent Signature | |
| Enimod Eldbinty Compa | nies: Enter Names and Addresses of Members. | | _ | _ | |
| Office held Name | | ity | State | <u>Zip</u> | |
| Member Tami Me | High 9387 N. Shaffle Bit G, K | ren | a 10 | 83634 | |
| Member Corey k | cHigh 9387 N. Shaffle Bit Li, K Kent 9387 N. Shaffle Bit Li, K | Kun | a 10 | 83634 | |
| | | | | | |
| | _ | | | | |
| 5. Organized Under the Laws of: IDAHO W 63166 | 6. Signature Fami Mcth | igh | Date 3/ | 120/09 | |
| <u> </u> | Name (Typed or AMI //cttugh | V | Title | KMOCI | |
| Issued 03/02/2009 | Do Not Tape or Staple $^{m{U}}$ | | 20 | 00905008804 | |