			Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.		LAREE HOWARD 155 NORTH 5TH WEST REXBURG ID 83440 3. New Registered Agent Signature:			
	ed Liability Compa		r Names and Addresses o	of at least one Member or Manage Street or PO Address	er. City	State	Zip
l	NAGER MBER		EE HOWARD I. HOWARD	155 N. 5th W 185 N. 5th W	·		8344 0 9344 0
·							
5. Orga	inized Under the initial United Under the initial United U	aws of:	6. Annual Report must be Signature:	elgned. Le Stoward a Ree Howard	Date:	6-20 Mana	-09 ger
Isșuec	1 6/15/2009 by L	ım .				20090	3007579