

No. W 43249

Due no later than September 30, 2006
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

AUTUMN RIDGE, LLC.
KIMBERLY S KRAMER
28565 OLD FORT BOISE RD
PARMA, ID 83660

KIMBERLY S KRAMER
28565 OLD FORT BOISE RD
PARMA, ID 83660

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	TIMOTHY S. KRAMER	28565 OLD FORT BOISE RD.	PARMA	ID	83660
MANAGER	KIMBERLY S. KRAMER	28565 OLD FORT BOISE RD.	PARMA	ID	83660

5. Organized Under the Laws of:

IDAHO
W 43249

6.

Signature *Kimberly S. Kramer*

Date 7/19/06

Name (Typed or Printed) KIMBERLY S. KRAMER

Title MANAGER

Issued 07/03/2006

Do Not Tape or Staple

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