No. W 53037 Return to:			Annual Report Form 1. Mailing Address: Correct in this box if needed. GOODS, LLC BRODY SWANER 8342 W GALILEO CT BOISE ID 83709 USA BRODY SWANER 8342 W GALILEO CT BOISE ID 83709 3. New Registered Agent Signature:*		8342 W GALILEO CT BOISE ID 83709			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		GOODS, LL BRODY SV 8342 W G/						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Ente	r Names and Addre	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRODY	SWANER	8342 W GALILEO CT	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature	: Brody Swaner		Date: 06/21/2012			
W 53037		Name (typ	Name (type or print): Brody Swaner		Title: Manager			
Processed 06/21/2012 * Electronically provided signatures are accepted as original signatures.								