

No. <b>W 50526</b>		<b>Due no later than May 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EMMETT FAMILY SERVICES, LLC MICHAEL S LEE 2007 E QUAIL RUN RD #1 EMMETT ID 83617		MICHAEL S LEE 2007 E QUAIL RUN RD #1 EMMETT ID 83617			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	
MANAGER	MICHAEL S LEE	711 1/2 E 3RD ST	EMMETT	ID	USA	83617	
MANAGER	MELISSA M PALLER	711 E 3RD ST	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:  <b>ID</b> <b>W 50526</b>		6. Annual Report must be signed.*  Signature: Michael S Lee Name (type or print): Michael S Lee					
		Date: 06/04/2010 Title: Co-Owner					
Processed 06/04/2010      * Electronically provided signatures are accepted as original signatures.							