No. <b>W 82527</b>		Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CARLA WILLIAMS LLC CARLA JO WILLIAMS PO BOX 2572 TWIN FALLS ID 83301		CARLA WILLIAMS 373 S 700 E JEROME ID 83338  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CARLA WILLIA CARLA JO W PO BOX 2572						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	lames and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CARLA JC	WILLIAMS	373 S 700 E	JEROME	ID	USA	83338	
5. Organized Under the Laws of: 6. Annual Report r		must be signed.*					
ID	Signature: Carla Williams		Date: 01	Date: 01/19/2013			
W 82527	Name (type or print): Carla Williams		Title: O	Title: Owner And Operator			
Processed 01/19/2013	* Electronically p	* Electronically provided signatures are accepted as original signatures.					