

No. W 77107		Due no later than Aug 31, 2011		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. TWIN FALLS CREATIVE ARTS CENTER LLC CHERYL S BRUCE 249 MAIN AVE W TWIN FALLS ID 83301 USA		CHERYL BRUCE 249 MAIN AVE W TWIN FALLS ID 83301		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	
MEMBER	LEON C BRUCE	1421 N DATE ST	JEROME	ID	USA	83338	
5. Organized Under the Laws of: ID W 77107		6. Annual Report must be signed.* Signature: Cheryl Bruce Name (type or print): Cheryl Bruce Date: 06/15/2011 Title: Manager/Instructor					
Processed 06/15/2011		* Electronically provided signatures are accepted as original signatures.					