

No. <b>W 31364</b>		<b>Due no later than Jun 30, 2009</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>  INPHI PARTNERS, LLC TIM SEMONES P O BOX 6496 KETCHUM ID 83340-6496		ROBERT KORB 128 SADDLE ROAD STE 103 KETCHUM ID 83340-6496			
<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 MANAGER	Name TIM SEMONES	Street or PO Address P O BOX 6496		City KETCHUM	State ID	Country USA	Postal Code 83340-6496
5. Organized Under the Laws of:  <b>ID</b> <b>W 31364</b>		6. Annual Report must be signed.*  Signature: Tim Semones Name (type or print): Tim Semones  Date: 07/20/2009 Title: Managing Member					
Processed 07/20/2009 * Electronically provided signatures are accepted as original signatures.							