| No. W 53981 Return to: | | Due no later than Aug 31, 2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) SUSAN CHIVERS | | | |
|--|-----------------|---|------------------------|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. WAY2GO ADMINISTRATIVE SERVICES, LLC SUSAN CHIVERS 902 HICKORY ST SANDPOINT ID 83864 | | 902 HICKORY ST SANDPOINT ID 83864 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nai | nes and Addresses of at least | one Member or Manager. | | | | |
| Office Held | Name | Stre | et or PO Address | City | State | Country | Postal Code |
| MEMBER SUSAN CHIVERS | | ERS 902 | HICKORY ST | SANDPOINT | ID | USA | 83864 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 53981 | | Signature: Susan Chivers | Date: 08/31/2009 | | | | |
| | | Name (type or print): Susan Chivers | | Title: Owner | | | |
| Processed 08/31/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | |