No. W 77409		Due no later than Sep 30, 2012		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. FOUR FEATHERS DISPOSAL LLC G AARON KEIFER 2405 SUNSET DR LEWISTON ID 83501		2405 SUN	G AARON KEIFER 2405 SUNSET DR LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	AMBERLYN [) KEIFER	2405 SUNSET DR	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 77409		Signature: Am		Date: 09/17/2012				
		Name (type or		Title: Wife				
Processed 09/17/2012 * Electronically provided signatures are accepted as original signatures.								