No. **W 87537**	**Due no later than Oct 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.** SEAPORT EQUIPMENT LLC CHRISTINA A. SKOW PO BOX 1202 LEWISTON ID 83501 USA	CHRISTINA SKOW 3702 21ST ST LEWISTON ID 83501 3. New 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
MANAGER	CHRISTINA A. SKOW	PO BOX 1202	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 87537**	Signature: Christina A. Skow	Date: 10/18/2011
	Name (type or print): Christina A. Skow	Title: Manager

Processed 10/18/2011

* Electronically provided signatures are accepted as original signatures.