

No. W 52411	Due no later than Jul 31, 2010 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. CRICKEME, LLC NICK DEMARCO 5300 S LOWLAND VIEW PL BOISE ID 83709		NICK DEMARCO 5300 S LOWLAND VIEW PL BOISE ID 83709			
			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
MANAGER	NICK DEMARCO	5300 S LOWLAND VIEW PL	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 52411	6. Annual Report must be signed.* Signature: Nick Demarco Name (type or print): Nick Demarco		Date: 08/05/2010 Title: Manager			
Processed 08/05/2010		* Electronically provided signatures are accepted as original signatures.				