No. W 3292		Due no later than Dec 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. HALEAKALA LIMITED LIABILITY COMPANY MARY LEE PAULI 6871 N 16TH ST COEUR D'ALENE ID 83815		2. Registered Age	2. Registered Agent and Address (NO PO BOX) MARY LEE PAULI 6871 N 16TH ST COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				6871 N 16TH S' COEUR D'ALENE				
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MARY LEE PAULI MEMBER ALLAN A PAULI MEMBER BERNARD GAVER MEMBER SIDNEY GAVER		JULI AVER	6871 N 16TH ST 6871 N 16TH STREET 9350 SANTA CLARA ROAD 9350 SANTA CLARA ROAD	COEUR D'ALENE COEUR D ALENE ATASCADERO ATASCADERO	ID ID CA CA	USA USA USA USA	83814 83815 93422 93422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 3292		Signature: Marylee Pauli Name (type or print): Marylee Pauli		Date: 10/11/2010 Title: Manager				
Processed 10/11/2010		* Electronically provide	d signatures are accepted as original s	signatures.				