No. W 43079		Due no later than Sep 30, 2013		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHARLES R	CHARLES R ROWEN			
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. ROWEN LLC CHARLES R. ROWEN 29500 OLD FORT BOISE RD PARMA ID 83660 USA		PARMA ID	29500 OLD FORT BOISE RD PARMA ID 83660 3. New Registered Agent Signature:*			
				J. <u>New</u> Registe				
	ies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	CHARLES R JACQUELYN		29500 OLD FORT BOISE RD 29500 OLD FORT BOISE RD	PARMA PARMA	ID ID	USA USA	83660 83660	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 43079		Signature: Jac		Date: 07/29/2013				
		Name (type o		Title: Manager				
Processed 07/29/2013		* Electronically p	rovided signatures are accepted as original	l signatures.				