No. W 52362		Due no later than Jul 31, 2008		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DAVID A	DAVID A THOMPSON 919 MEADOWVIEW DR NAMPA ID 83651 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CELLULAR BUSINESS SOLUTIONS LLC. DAVID A THOMPSON 919 MEADOWVIEW DR NAMPA ID 83651		NAMPA ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DAVID A TH		HOMPSON	919 MEADOWVIEW DR	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Da		Date: 08/06/2008				
W 52362		Name (type or		Title: Manger				
Processed 08/06/2008 * Electronically provided signatures are accepted as original signatures.								