

|   |                       |  |       |   |         |             |  |
|---|-----------------------|--|-------|---|---------|-------------|--|
| No. <b>W 69975</b>  |                       | <b>Due no later than Dec 31, 2012</b><br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CHERYLE JONES ANDREWS, M. ED. PLLC<br>CHERYLE JONES ANDREWS<br>1517 W JEFFERSON ST<br>BOISE ID 83702-5218 |       | CHERYLE JONES ANDREWS<br>1517 W JEFFERSON ST<br>BOISE ID 83702-5218 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                       |  |       | 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 |  |
| MEMBER  | CHERYLE JONES ANDREWS | 1517 W JEFFERSON ST  | BOISE | ID  | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 69975</b>                                  |                       | 6. Annual Report must be signed.*<br><br>Signature: Cheryle Jones Andrews<br>Name (type or print): Cheryle Jones Andrews   |       |   |         |             |  |
|   |                       | Date: 11/02/2012<br>Title: Member  |       |   |         |             |  |
| Processed 11/02/2012      * Electronically provided signatures are accepted as original signatures. |                       |  |       |   |         |             |  |