No. W 55480 Return to:		Due no later than Oct 31, 2012 Annual Report Form		2.	Registered Agent and Address (NO PO BOX) LYNDA MACEACHERN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FACILITATE 2 YES, L.C. LYNN MACEACHERN PO BOX 1264 OROFINO ID 83544			326 KALASPO AVE OROFINO ID 83544 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MEMBER	LYNN MACEACHERN		PO BOX 1264	C	ROFINO	ID	USA	83544
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 55480		Signature: Lynn MacEachern			Date: 11/08/2012			
		Name (type or print): Lynn MacEachern			Title: Member			
Processed 11/08/2012		* Electronically provided signatures are accepted as original signatures.						