No. W 90647		Due no later than Feb 28, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOSEPH F HAWKINS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing A OLE' MISTER I JOSEPH F HA 671 MONTE V TWIN FALLS	TWIN FALLS	671 MONTE VISTA DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JOSEPH F H		HAWKINS	671 MONTE VISTA DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jos		Date: 12/17/2013				
W 90647		Name (type o		Title: Manager				
Processed 12/17/2013 * Electronically provided signatures are accepted as original signatures.								