

No. W 6145

Due no later than May 31, 2009

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

AMERICAN DISABILITIES ACT COMPLIANC  
2421 KOMO MAI  
PEARL CITY, HI 96782

RONALD D CARLSON  
641 E 800N  
BOX 128  
FIRTH, ID 83236

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

MP DAYLE CARLSON 2421 Komo Mai Pearl City HI 96782  
MP Ron Carlson 641 E 800N BOX 128 Firth ID.

5. Organized Under the Laws of:

HAWAII  
W 6145

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 03/02/2009

Do Not Tape or Staple

200905005378