

<b>No. W 53949</b>	<b>Due no later than August 31, 2008 Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>	
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  TESONE'S LLC CHANDRA TESONE 1906 E LAKESIDE AVE COEUR D ALENE, ID 83814		CHANDRA TESONE 1906 E LAKESIDE AVE COEUR D ALENE, ID 83814  <b>3. New Registered Agent Signature</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>				
<u>Office held</u>  <i>manager</i>	<u>Name</u>  <i>Chandra Tesone</i>	<u>Street or P.O. Address</u>  <i>1906 E Lakeside Ave</i>	<u>City</u>  <i>Coeur d'Alene ID</i>	<u>State</u> <u>Zip</u>  <i>83814</i>
<b>5. Organized Under the Laws of:</b> IDAHO W 53949		<b>6.</b> Signature <u><i>[Signature]</i></u> Date <u><i>6/15/08</i></u> Name <small>(Typed or Printed)</small> <u><i>Chandra Tesone</i></u> Title <u><i>Owner/manager</i></u>		

Issued 06/02/2008

**Do Not Tape or Staple**

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