

No. <b>W 9671</b>	<b>Due no later than Sep 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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 needed.</b> NORTHWEST ENGRAVING SERVICE, LLC MIKE LARSON 302 C THAIN RD LEWISTON ID 83501		MIKE LARSON 302 C THAIN RD LEWISTON ID 83501			
			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
MANAGER	JOHN LARSON	919 HAWTHORNE ST	LEWISTON	ID	USA	83501
MANAGER	MICHAEL LARSON	3611 18TH ST C	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID W 9671</b>	6. Annual Report must be signed.* Signature: Michael Larson Name (type or print): Michael Larson		Date: 10/07/2009 Title: Manager			
Processed 10/07/2009		* Electronically provided signatures are accepted as original signatures.				