


No. W 49284	Due no later than April 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CENTER FOR LIMITED GOVERNMENT, LLC TOM SIMMONS 947 E 2ND STREET 2512 WATERWHEEL Rd. EMMETT, ID 83617	TOM SIMMONS HC 11 BOX 5087 KAMIAH, ID 83536 2512 WATERWHEEL Rd. EMMETT, ID 83617 3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	Tom Simmons	2512 WATERWHEEL Rd	EMMETT	ID	83617

5. Organized Under the Laws of: IDAHO W 49284	6. Signature  Name (Typed or Printed) Tom Simmons Date 3-1-09 Title MANAGER
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Do Not Tape or Staple

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