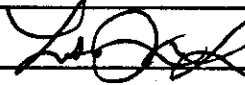


No. W 57949 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than January 31, 2009 Annual Report Form 1. Mailing Address - Correct in this box: if applicable LDD LLC 516 CAPITOL BLVD BOISE, ID 83702	2. Registered Agent and Office NO PO BOX LUKE DIXON 516 CAPITOL BLVD BOISE, ID 83702 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Luke Dixon</td> <td>516 Capital Blvd.</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Member</td> <td>Dan Dixon</td> <td>516 Capital Blvd.</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Luke Dixon	516 Capital Blvd.	Boise	ID	83702	Member	Dan Dixon	516 Capital Blvd.	Boise	ID	83702
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Member	Dan Dixon	516 Capital Blvd.	Boise	ID	83702															
5. Organized Under the Laws of: IDAHO W 57949	6. Signature  Date <u>11/13/08</u> Name (Typed or Printed) <u>Luke Dixon</u> Title <u>Member</u>																			

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