

No. <b>W 6145</b>		<b>Due no later than May 31, 2010</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>1. Mailing Address: Correct in this box if needed.</b>  AMERICAN DISABILITIES ACT COMPLIANCE, DESIGN & CONSTRUCTION LLC DAYLE CARLSON 2421 KOMO MAI PEARL CITY HI 96782 USA		RONALD D CARLSON 641 E 800N BOX 128 FIRTH ID 83236			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DAYLE CARLSON	Street or PO Address 2421 KOMO MAI		City PEARL CITY	State HI	Country USA	Postal Code 96782
5. Organized Under the Laws of:  <b>HI W 6145</b>		6. Annual Report must be signed.*  Signature: Dayle Carlson Name (type or print): Dayle Carlson  Date: 06/18/2010 Title: Manager					
Processed 06/18/2010 * Electronically provided signatures are accepted as original signatures.							