

No. W 63638	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ST. MARIES SAW AND CYCLE, LLC ROBERT G MACKLIN 204 W COLLEGE AVENUE ST MARIES ID 83861		ROBERT MACKLIN 1156 S 3RD ST ST MARIES ID 83861			
			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	ROBERT G MACKLIN	1156 S 3RD ST	ST MARIES	ID	USA	83861
MANAGER	LEEANN H MACKLIN	1156 S 3RD STREET	ST. MARIES	ID	USA	83861
5. Organized Under the Laws of: ID W 63638	6. Annual Report must be signed.* Signature: LeeAnn Macklin Name (type or print): LeeAnn Macklin		Date: 04/21/2012 Title: Manager			
Processed 04/21/2012		* Electronically provided signatures are accepted as original signatures.				