No. W 29095 Return to:	Due no later than March 31, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable	2. Registered Agent and Office NO PO BOX ROBERT H MACK 5075 W CANAL RD FRUITLAND, ID 83619
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PREFERRED BLINDS LLC PO BOX 550 FRUITLAND, ID 83619	3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Compan Office held Name OLUNDE ROBDE MANAGER OWNER O	ies: Enter Names and Addresses of Managers. Street or P.O. Address P.O. BOX 350 PCK FRUITLAND TD 83619 VICKI I- MACK P.O. BOX	City State Zip X550 FRUITANTA 83619
	6. 11. By	Mach bate 3/07/06
5. Organized Under the Laws of IDAHO W 29095	Signature VICK/L, N Name (Type 1 o Pented) Do Not Tape or Staple	MCK Title DUNER WWARES 200603001402