No. <b>W 70279</b>		Due no later than Jan 31, 2013 2. Registered Agent and Address (NO PO BOX)					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		KENT L COLLINS 731 RIVERVIEW DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed.  COLLINS CONNECTION, LLC  KENT L COLLINS  1411 FALLS AVE E #215  TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Nar	nes and Addresse	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER MEMBER	NANCY GANDY KENT L COLLINS CINDY L COLLINS		1411 FALLS AVE E SUITE 215 731 RIVERVIEW DR 731 RIVERVIEW DR	TWIN FALLS TWIN FALLS TWIN FALLS	ID ID	USA USA USA	83301 83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kent L Collins		Date: 11/13/2012			
W 70279		Name (type or print): Kent L Collins		Title: Owner/Member			
Processed 11/13/2012	3/2012 * Electronically provided signatures are accepted as original signatures.						