No. W 27435	Due no later than December 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this	pox, if applicable 17	ELR SACCOMANI 03 CEMETERY RD RIEST RIVER, ID 8	1
NO FILING FEE IF		3. 1	New Registered Ag	ent Signature
4. Limited Liability Compar	nies: Enter Names and Addresses	of Managers.		<del></del>
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>
MANAGER JOEL SACC	omamo 1.0.80x2362	PRIEST RIVER	. ID.	83856
		1		
5. Organized Under the Laws of: IDAHO W 27435	6. Signature 10 Joel S Name Privator Joel S	iaccomanno	Date/	116/08 mager
Issued 10/01/2008	Do Not Tape or	Staple	20081	2006820

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