No. W 66		Due no later than Sep 30, 2009		2. Registered Ag	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HCM HOLMSTEAD, PLLC MARK F HOLMSTEAD, CPA 401 GOODING ST N #203 TWIN FALLS ID 83301		401 GOODING SUITE 203 TWIN FALLS	MARK F HOLMSTEAD, CPA 401 GOODING ST SUITE 203 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
4. Limited Liability Compani	es: Enter Nar	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MARK F HO	LMSTEAD, CPA, PC	401 GOODING ST N #203	TWIN FALLS	ID	USA	83301	
MEMBER	JOHN A COLEMAN CHTD		401 GOODING ST N #203	TWIN FALLS	ID	USA	83301	
MEMBER	TROY L MAHLKE CPA PC		401 GOODING ST N #203	TWIN FALLS	ID	USA	83301	
MEMBER	SCOTT E HUNSAKER CPA PC		401 GOODING ST N #203	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annua		6. Annual Report mus	Annual Report must be signed.*					
ID W 66		Signature: Mark Ho	Date: 07/22/2009					
		Name (type or prin	Title: Member					
Processed 07/22/2009	* Electronically provided signatures are accepted as original signatures.							