

No. W 55476

Due no later than October 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 box, if applicable

NORTH AMERICAN COPIER LLC  
PO BOX 502  
KOOSKIA, ID 83539

REYNALDO O MIRELES  
24 MAIN ST  
KOOSKIA, ID 83539

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
<del>REYNALDO</del>	<del>MIRELES</del>	<del>P.O. BOX 35</del>	<del>STILES</del>	<del>IDA</del>	<del>83551</del>
MANAGER	REY MIRELES	PO BOX 35	STILES	IDA	83551
MANAGER	EVE MIRELES	PO BOX 35	STILES	IDA	83551

5. Organized Under the Laws of:

IDAHO  
W 55476

6.

Signature

Name (Typed or Printed)

*Eve Mireles*

EVE MIRELES

Date

Title

10/28/08

10/28/08