

No. W 46440

Due no later than January 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

TOM AMEN, LLC
TOM AMEN
335 SKYLINE DR
POCATELLO, ID 83204TOM AMEN
335 SKYLINE DR
POCATELLO, ID 83204NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

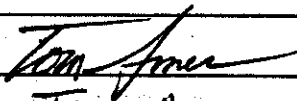
MANAGER TOM AMEN 335 SKYLINE DR. POCATELLO, ID. 83204

5. Organized Under the Laws of:

IDAHO
W 46440

6.

Signature



Date

12-3-07

Name (Typed or Printed)

TOM AMEN

Title

OWNER

Issued 11/01/2007

Do Not Tape or Staple

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