

No. W 56725

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 box, if applicable

CITY OF ROCKS RETREAT LLC  
JUNE W LLOYD  
PO BOX 199  
ALMO, ID 83312

JUNE W LLOYD  
3057 S 750 E  
ALMO, ID 83312

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner/mg	June Lloyd	PO BOX 199	Almo	ID	83312
Owner/mg	Klint Lloyd	PO BOX 199	Almo	ID	83312

5. Organized Under the Laws of:

IDAHO  
W 56725

6.

Signature

Date

Name (Typed or Printed)

Title

June Lloyd  
June Lloyd  
Owner

Oct 10, 2008

Owner