

No. **W 27754**

**Due no later than January 31, 2009
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

**E. SCOTT LEE PLLC
PO BOX 791
REXBURG, ID 83440-0791**

**E SCOTT LEE
30 S 2ND W
REXBURG, ID 83440**

**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>
Manager	E. Scott Lee	Po Box 791	Rexburg	ID	83440

5. Organized Under the Laws of:

**IDAHO
W 27754**

6.

Signature

E. Scott Lee

Date

11-12-08

Name

(Typed or Printed)

E. Scott Lee

Title

Manager

Issued 11/05/2008

Do Not Tape or Staple

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