Annual Report Form  SECRETARY OF STATE TOO WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE  Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name  ADAM CONDER 2221 FIELD STONE AMMON, ID 83406  3. New Registered Agent Signature  ADAM CONDER 2221 FIELD STONE AMMON, ID 83406  3. New Registered Agent Signature  City State Zip	Annual Report Form  Seturn to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  IN FILING FEE IF RECEIVED BY DUE DATE  Annual Report Form  1. Mailing Address - Correct in this box, if applicable IMPACT PAINTING, LLC 2221 FIELD STONE AMMON, ID 83406  3. New Registered Agent Signature  Limited Liability Companies: Enter Names and Addresses of Managers.	W 31939	Due no later than July 31, 2006 2. Registered Agent and Off	1001010
SECRETARY OF STATE  700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE  Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name  Street or P.O. Address  AMMON, ID 83406  AMMON, ID 83406  3. New Registered Agent Signature  City State Zip	SECRETARY OF STATE  700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  IO FILING FEE IF RECEIVED BY DUE DATE  Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name  Street or P.O. Address  City  State  Zip	No. W 31933	Annual Report Form ADAM CONDER	
NO FILING FEE IF RECEIVED BY DUE DATE Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name Street or P.O. Address City State Zip	IO FILING FEE IF RECEIVED BY DUE DATE Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name Street or P.O. Address City State Zip	Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	IMPACT PAINTING, LLC 2221 FIELD STONE AMMON, ID 83406	
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Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name Street or P.O. Address City State Zip	Limited Liability Companies: Enter Names and Addresses of Managers.  Office held Name Street or P.O. Address City State Zip	NO FILING FEE IF		
Office held Name Street or P.O. Address City State ZID	Office held Name Street or P.O. Address City State ZID	4. Limited Liability Compar	nies: Enter Names and Addresses of Managers.	
Owner Adam Conder 2221 Heldstore Firming		Office held Name	Street or P.O. Address City State	2 <u>io</u> 83406
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5. Organized Under the Laws of:  IDAHO  6.  Signature  Signature  Signature	Organized Under the Laws of:  IDAHO  6. Signature  Signature  On ole U/1/06	5. Organized Under the Laws of:		106
b. Organized Unider the Laws on	Organized Under the Laws of:  IDAHO W 31939  Organized Under the Laws of:  Signature Adam Conder  Name Printed)  Name Printed	5. Organized Under the Laws of: IDAHO	6. Signature Jan Conder Date W/1  Name (Typed or Adam Conder Title Jun)	106 ver