No.	W 42090	Due no later than 8/31/2009	2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form	BONNERS FERRY ID 83805	
		1. Mailing Address: Correct in this box if needed.		
		ROY E DAY PO BOX 335		
		BONNERS FERRY ID 83805	3. New Registered Ager	t Signature:
RE	NO FILING FEE IF CEIVED BY DUE DATE		ļ	į
_		er Names and Addresses of at least one Member or Manage	er.	
Offic	e Held Name	Street or PO Address	City	State Zip
γ.	19R. ROVE	Street or PO Address DAY 6963 MAIN ST. Bo	UNIERS 7-LRRY	Id. 83805
				₹
5. O	rganized Under the Laws of: ID W 42090	6. Annual Report must be signed Signature:	Date:	7 /15/09
		Name(type or print): R. E. DAY	Title:	~19R-
Issi	ued 7/9/2009 by SLD			200908006315

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- **BLOCK 1: Entity name may not be altered through the use of this form.** Pay special attention to the malling address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected addressmust be inside Block 1.
- **BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**
- **BLOCK 3:** Only a <u>new</u> registered agent must sign in Block 3.
- **BLOCK 4:** Enter names and business addresses of president, secretary and directors (for corporations only), managers/members (for LLC's only), one or more general partners (for LP's only). **Note: Putting** "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.
- **BLOCK 5:** May not be altered through the use of this form.
- **BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.
  - \*\* The image of this form will be available on the Internet once it is filed. DO <u>NOT</u> enter Social Security Numbers.

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost the the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED