


No. W 84837	Due no later than Jun 30, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KATHY M MEZIN 11325 S CLOVERDALE RD KUNA ID 83634	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State
				Country Postal Code
Manager	Kathy Mezin	11325 S. Cloverdale Rd., Kuna	ID 83634	
5. Organized Under the Laws of:				
IDAHO W 84837		6. Signature: 		Date: 4-22-10
		Name (type or print): Kathy Mezin		Title: Manager
Issued 04/13/2010 by SLD				108946

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 mailing 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 address **must** 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 new registered agent must sign in Block 3.