

No. W 42786		Due no later than Sep 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. STANDARD PRINTING, LLC TIM H MURPHY 140 2ND AVE N TWIN FALLS ID 83301		TIM MURPHY 1460 WINTER LN JEROME ID 83338			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	CAMILLE M MURPHY TIM MURPHY	1460 WINTER LANE 140 2ND AVE N	JEROME TWIN FALLS	ID ID	USA USA	83338 83301	
5. Organized Under the Laws of: ID W 42786		6. Annual Report must be signed.* Signature: Tim Murphy Name (type or print): Tim Murphy					
		Date: 07/08/2010 Title: Manager					
Processed 07/08/2010		* Electronically provided signatures are accepted as original signatures.					