

No. W 17692		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)																	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CNW, LLC MALINDA WEST 1000 RIVERWALK DRIVE STE 100 IDAHO FALLS ID 83402 USA		BART M DAVIS ESQ 1075 S UTAH STE 322 IDAHO FALLS ID 83402																	
				3. <u>New</u> Registered Agent Signature:*																	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>CLINT TAVENNER</td> <td>1000 RIVERWALK DR STE 100</td> <td>IDAHO FALLS</td> <td>ID</td> <td>USA</td> <td>83402</td> </tr> </tbody> </table>								Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	CLINT TAVENNER	1000 RIVERWALK DR STE 100	IDAHO FALLS	ID	USA	83402
Office Held	Name	Street or PO Address	City	State	Country	Postal Code															
MANAGER	CLINT TAVENNER	1000 RIVERWALK DR STE 100	IDAHO FALLS	ID	USA	83402															
5. Organized Under the Laws of: ID W 17692		6. Annual Report must be signed.* <table border="1"> <tr> <td>Signature: Clint Tavenner</td> <td>Date: 11/15/2011</td> </tr> <tr> <td>Name (type or print): Clint Tavenner</td> <td>Title: Manager</td> </tr> </table>						Signature: Clint Tavenner	Date: 11/15/2011	Name (type or print): Clint Tavenner	Title: Manager										
Signature: Clint Tavenner	Date: 11/15/2011																				
Name (type or print): Clint Tavenner	Title: Manager																				
Processed 11/15/2011		* Electronically provided signatures are accepted as original signatures.																			