No. **W 19555**	**Due no later than Jun 30, 2008**	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.** CINDY HUTTON & KORINNE T. SWORD, LLC KORINNE T SWORD 14964 MASTERS DR CALDWELL ID 83607	KORINNE T SWORD 14964 MASTERS DR CALDWELL ID 83607 3. New 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
MANAGER	KORINNE T SWORD	14964 MASTERS DR	CALDWELL	ID	USA	83607
MANAGER	CINDY HUTTON	2119 DEMAR PL	NAMPA	ID	USA	83651

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 19555**	Signature: Korinne T Sword	Date: 07/07/2008
	Name (type or print): Korinne T Sword	Title: Manager

Processed 07/07/2008

* Electronically provided signatures are accepted as original signatures.