No. W 30079		Due no later than Apr 30, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	JOHN SIMMONS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if JOHN SIMMONS JD, LLM PROFESSIONAL COMP, JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402-3586		796 MEMORIAL DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JOHN SIMM		DNS 796 MEMORIAL DR		IDAHO FALLS	ID	USA	83402-3586
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John Simmons		Date: 02/12/2008			
W 30079		Name (type or print): John Simmons		Title: LLC Member			
Processed 02/12/2008 * Electronically provided signatures are accepted as original signatures.							