No. W 69456		Due no later than Dec 31, 2011 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) CLIFFORD MORT			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NEIGHBORHOOD CONSULTING, LLC CLIFFORD MORT 1950 W BELLERIVE LANE #108 COEUR D'ALENE ID 83814		Management of the Control of the Con	1950 W BELLERIVE LANE #108 COEUR D'ALENE ID 83814			
				COLOR D'ALLIN	COEUR D'ALENE ID 63614			
				3. <u>New</u> Registered	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Cor	npanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CLIFFORD M		IORT	1950 W BELLERIVE LANE #B107	COEUR D'ALENE	ID	USA	83814	
MANAGER JAE ENOS			2120 NORTHWEST BLVD SUITE B	COEUR D'ALENE	ID	USA	83814	
MANAGER	CHARLES LEMPESIS		201 W <i>7</i> TH AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 69456		Signature: Clifford E Mort			Date: 10/10/2011			
		Name (type or print): Clifford E Mort			Title: Manager			
Processed 10/10/2011		* Electronically provided signatures are accepted as original signatures.						