No. <b>W 10469</b>		Due no later than Dec 31, 2007		2. Registered A	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.  ELSIE L. WADDOUPS LLC  BRENDA J JOHNSTON  374 LOUISE DR  ARCO ID 83213		374 LOUISE ARCO ID 8	BRENDA J JOHNSTON 374 LOUISE DR ARCO ID 83213  3. New Registered Agent Signature:*			
		l nes and Address	es of at least one Member or Manager.					
700	Name		Street or PO Address	City	State	Country	Postal Code	
	EWENE M		3897W. 3700W.	MOORE	ID	USA	83255	
NAME AND ADDRESS OF THE PARTY O	LEISA K BOWHAY TERESA A DUKE CONNIE E HAINLINE BRENDA J JOHNSTON ELSIE L WADDOUPS		3549 N. 3700 W. 327 YVONNE AVE	MOORE ARCO	ID ID	USA USA	83255 83213	
MEMBER B			P.O. BOX 601 374 LOUISE DR 1050 CLINIC RD	MOORE ARCO CHALLIS	ID ID ID	USA USA USA	83255 83213 83226	
I MEMBER E	LUIL L WA	10000i 3	1000 CLINIC ND	CIPLLIS	ID	OSA	03220	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID		Signature: B	renda Johnston		Date: 01/09/2008			
W 10469		Name (type o	or print): Brenda Johnston		Title: Member			
Processed 01/09/2008 * Electronically provided signatures are accepted as original signatures.								