

No. W 14503

Due no later than February 28, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

UICL, LLC

~~TARA MARTENS~~ Dave Lawrence
~~621 N COLLEGE RD STE 100~~ 1825 Floral Ave
TWIN FALLS, ID 83301~~GERALD MARTENS~~
~~621 N COLLEGE STE 100~~
TWIN FALLS, ID 833011825 Floral Ave
DAVID LAWRENCENO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature



4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
	DAVE LAWRENCE	1825 FLORAL AVE	TWIN FALLS	IDAHO	83301
	ALTA RAEDELL LAWRENCE	1825 FLORAL AVE	TWIN FALLS	IDAHO	83301

5. Organized Under the Laws of:

IDAHO
W 14503

6.

Signature



Date

1/4/07

Name (Typed or Printed)

DAVID LAWRENCE

Title

Manager

Issued 12/01/2006

Do Not Tape or Staple

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