



No. W 63716		Due no later than Jun 30, 2009		2. Registered Agent and Office (NOT A P.O. BOX) JAMES M AULD 702 W HAYS BOISE ID 83702															
Return to: SECRETARY OF STATE 490 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ERIC AULD JAMESTOWN, LLC 702 W HAYS BOISE ID 83702		3. New Registered Agent Signature 															
NO FILING FEE IF RECEIVED BY DUE DATE		4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																	
		<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>ERIC J. AULD</td> <td>702 HAYS</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>83702</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	ERIC J. AULD	702 HAYS	BOISE	ID	USA	83702
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
Member	ERIC J. AULD	702 HAYS	BOISE	ID	USA	83702													
5. Organized Under the Laws of: IDAHO W 63716		6. Signature: 		Date: 5/18/09															
		Name (type or print): J. M. AULD		Title: managing agent															
Issued 05/18/2009 by DK1		200906007992																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a single registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each member listed.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED

2009 MAY 18 PM 4:33
SECRETARY OF STATE
STATE OF IDAHO