No. W 44915		Due no later than Nov 30, 2009		2. Registered Agent and Address (NO PO BOX)				
		nnual Report Form J LINWOOD LAUGHY						
			KOOSKIA II	5695 HWY 12 KOOSKIA ID 83539 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA	USA						
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 J LINWOOD LAUGHY MANAGER KAREN S HENDRICKSON		PO BOX 447 PO BOX 447	KOOSKIA KOOSKIA	ID ID	USA USA	83539-0447 83539-0447		
5. Organized Under the Laws of:	6. Annual Report	5. Annual Report must be signed.*						
ID	Signature: Ka	Signature: Karen S. Hendrickson			Date: 09/16/2009			
W 44915	Name (type or	Name (type or print): Karen S. Hendrickson			Title: Co-Manager			
Processed 09/16/2009	* Electronically provided signatures are accepted as original signatures.							