No. W 39109	Due no later than May 31, 2011	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if need SIX PACK LLC LARRY DIXON PO BOX 561 BELLEVUE ID 83313	LARRY D DIXON 517 N 7TH BELLVUE ID 83313 3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	USA 63313	3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter I	lames and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER LARRY DI MANAGER CONNIE J		BELLEVUE ID USA 83313 GLENNS FERRY ID USA 83623
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Larry Dixon	Date: 04/18/2011
W 39109	Name (type or print): Larry Dixon	Title: Manager
Processed 04/18/2011	* Electronically provided signatures are accepted as original signatures.	