Return to:	Due no later than October 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	TROY J PAULIN
700 WEST JEFFERSON PO BOX 83720	OPTIMUM UNDERLAYMENTS, LLC 4815 S FERN	4815 S FERN NAMPA, ID 83686
BOISE, ID 83720-0080	NAMPA, ID 83686	
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Compan	nige: Enter Names and Add	
Office held	nies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address Ci	ty <u>State</u> Zip
Troy Pa	1. 1.0	<u> </u>
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5. Organized Under the Laws of: IDAHO	6	
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5. Organized Under the Laws of: IDAHO W 26530	6	
5. Organized Under the Laws of: IDAHO	6	Date _8/6/05 Title _Other