No. W 47309	Annual Report Form  1. Mailing Address - Correct in this box. if applicable and the second se		. Registered Agent ar WAYNE E GUNDER	LIZABETH BLVD	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080			1900 ELIZABETH BI TWIN FALLS, ID 83: 2164 N/5QU		
NO FILING FEE IF RECEIVED BY DUE DATE Limited Liability Compan	iles: Enter Names and Addresses of Mana		HOM Degiotered Ag	Oli Ogimini	
Office held Name	Street or P.O. Address	City	State	<u>Zip</u>	
Manager wayne e Gune	obisan 2164 NISQVAUY 57.	TWINF	alls #D	83301	
		* * * * * * * * * * * * * * * * * * *			
5. Organized Under the Laws of: IDAHO W 47309	Signature  Name (Typed or WAYNE C. G.	- UNASSA		2-13-07 mager:	
Issued 12/03/2007	Do Not Tape or Staple			02007050	