

No. <b>W 41840</b>		<b>Due no later than Aug 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  DECK DOCTOR LLC PAMELA MCCLENNY 4740 N SMOKY RIDGE LN EAGLE ID 83616		KURT E MCCLENNY 4740 N SMOKY RIDGE LN EAGLE ID 83616		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name KURT E MCCLENNY	Street or PO Address 4740 N SMOKY RIDGE LN	City EAGLE	State ID	Country	Postal Code 83616
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 41840</b>		6. Annual Report must be signed.*  Signature: Pamela McClenn Name (type or print): Pamela McClenn  Date: 06/12/2006 Title: Member				
Processed 06/12/2006 * Electronically provided signatures are accepted as original signatures.						