

No. <b>W 41840</b>		<b>Due no later than Aug 31, 2006</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<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	
				3. <u>New</u> Registered Agent Signature:*	
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	KURT E MCCLENNY	4740 N SMOKY RIDGE LN	EAGLE	ID	83616
5. Organized Under the Laws of:  <b>IDAHO W 41840</b>		6. Annual Report must be signed.* Signature: Pamela McClenny Name (type or print): Pamela McClenny Date: 06/12/2006 Title: Member			
Processed 06/12/2006		* Electronically provided signatures are accepted as original signatures.			