

No. W 64479	Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		DAVID E ELLIS 527 4TH AVE N TWIN FALLS ID 83301 3. <u>New</u> Registered Agent Signature:
	ELLIS WOODWORKS LLC DAVID E ELLIS 527 4TH AVE N TWIN FALLS ID 83301		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Zip
<i>Manager</i> Manager	David E. Ellis	527 4th Ave N.	Twin Falls ID 83301
5. Organized Under the Laws of: ID W 64479		6. Annual Report must be signed. Signature: <u>David E. Ellis</u> Date: <u>7/24/09</u> Name(type or print): <u>David E. Ellis</u> Title: <u>Manager</u>	

Issued 6/4/2009 by SLD

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