


No. W 64942	Due no later than July 31, 2008		2. Registered Agent and Office 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	Annual Report Form <small>(Filing Agent's name must be correct in this space if approved)</small>		PAMELA L DRAPER 943 W OAKHAMPTON DR EAGLE, ID 83616												
	YARIS PROPERTIES, LLC 943 W OAKHAMPTON DR EAGLE, ID 83616		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>Office held</u></th> <th style="width:25%;"><u>Name</u></th> <th style="width:35%;"><u>Street or P.O. Address</u></th> <th style="width:10%;"><u>City</u></th> <th style="width:10%;"><u>State</u></th> <th style="width:10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>PAMELA DRAPER</td> <td>943 W. OAKHAMPTON DR.</td> <td>EAGLE</td> <td>Id.</td> <td>83616</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	PAMELA DRAPER	943 W. OAKHAMPTON DR.	EAGLE	Id.	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MEMBER	PAMELA DRAPER	943 W. OAKHAMPTON DR.	EAGLE	Id.	83616										
5. Organized Under the Laws of: IDAHO W 64942	6. Signature  <small>(Typed or Printed)</small> PAMELA DRAPER		Date 5/9/08 Title MEMBER												

Issued 05/02/2008

Do Not Tape or Staple

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