

No. <b>W 95772</b>		<b>Due no later than Aug 31, 2011</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>  CYCLOLOGIST, LLC (THE) JAMES CONNELLY 13389 W BELLFLOWER DR BOISE ID 83713		JAMES CONNELLY 13389 W BELLFLOWER DR BOISE ID 83713			
<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 JAMES W CONNELLY	Street or PO Address 13389 W. BELLFLOWER DR.		City BOISE	State ID	Country USA	Postal Code 83713-1345
5. Organized Under the Laws of:  <b>ID</b> <b>W 95772</b>		6. Annual Report must be signed.*  Signature: James Connelly Name (type or print): James Connelly  Date: 09/07/2011 Title: Manager					
Processed 09/07/2011 * Electronically provided signatures are accepted as original signatures.							