

No. W 51367	Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 1515 TIMOR LLC CARL STEARNS 5982 HARCOURT DR COEUR D ALENE ID 83815		CARL STEARNS 5982 HARCOURT DR COEUR D'ALENE ID 83815			
			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	CARL STEARNS	5982 HARCOURT DR	COEUR D'ALENE	ID	USA	83815
MANAGER	KIM STEARNS	5982 HARCOURT DR	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of: ID W 51367	6. Annual Report must be signed.* Signature: Kim Stearns Name (type or print): Kim Stearns		Date: 06/22/2009 Title: Manager			
Processed 06/22/2009		* Electronically provided signatures are accepted as original signatures.				