

No. W 72437		Due no later than Mar 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CRAFTSMAN CENTER, LLC CARLOS SUAREZ JR 1205 TRIANGLE DR PONDERAY ID 83852 USA		CARLOS SUAREZ JR 1205 TRIANGLE DR PONDERAY ID 83852			
				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	CARLOS SUAREZ JR	83 OLSON RD	SAGLE	ID	USA	83860	
MANAGER	JACQUELINE SUAREZ	83 OLSON RD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of: ID W 72437		6. Annual Report must be signed.* Signature: Carlos Suarez Name (type or print): Carlos Suarez Date: 01/09/2012 Title: Manager					
Processed 01/09/2012		* Electronically provided signatures are accepted as original signatures.					