

No. <b>W 48487</b>		<b>Due no later than Mar 31, 2009</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>  L SQUARED, LLC CLAYTON L JONES 13601 W MCMILLAN RD STE 102 PMB 354 BOISE ID 83713 USA		CLAYTON JONES 14071 W ROCHESTER 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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHN NELSON	1882 S RIVERFORD PLACE	EAGLE	ID	USA	83616	
MANAGER	CLAYTON JONES	14071 W ROCHESTER DR	BOISE	ID	USA	83713	
5. Organized Under the Laws of:  <b>ID</b> <b>W 48487</b>		6. Annual Report must be signed.*  Signature: Clayton Jones Name (type or print): Clayton Jones  Date: 01/23/2009 Title: Manager					
Processed 01/23/2009 * Electronically provided signatures are accepted as original signatures.							