

No. W 64206

**Due no later than July 31, 2008
Annual Report Form**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

MY ARCHITECT, LLC
1829 BIRCH AVE 301 MAIN, SUITE 101
LEWISTON, ID 83501

2. Registered Agent and Office NO PO BOX

TIMOTHY P LYNCH
1829 BIRCH AVE
LEWISTON, ID 83501

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

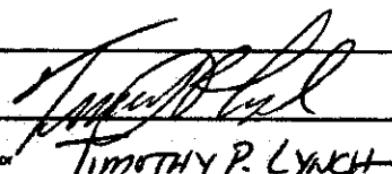
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	TIMOTHY P. LYNCH	301 MAIN, SUITE 101 1829 BIRCH AVE	LEWISTON	ID	83501

5. Organized Under the Laws of:

IDAHO
W 64206

6. Signature

(Typed or
Printed)



Date 5/15/08

Title MANAGER