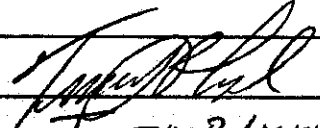


<b>No. W 64206</b>	<b>Due no later than July 31, 2008</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>												
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address - Correct in this box, if applicable.</b> MY ARCHITECT, LLC <del>4820 BIRCH AVE</del> 301 MAIN, SUITE 101 LEWISTON, ID 83501	TIMOTHY P LYNCH 1829 BIRCH AVE LEWISTON, ID 83501												
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>3. <u>New</u> Registered Agent Signature</b>												
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>TIMOTHY P. LYNCH</td> <td><del>301 MAIN, SUITE 101</del> 1829 BIRCH AVE</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>			<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	<del>301 MAIN, SUITE 101</del> 1829 BIRCH AVE	LEWISTON	ID	83501
<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	<del>301 MAIN, SUITE 101</del> 1829 BIRCH AVE	LEWISTON	ID	83501									
<b>5. Organized Under the Laws of:</b> <div style="text-align: center;">IDAHO W 64206</div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature             Name <small>(Typed or Printed)</small> TIMOTHY P. LYNCH         </div> <div style="width: 35%;">           Date 5/13/08            Title MANAGER         </div> </div>													