No. W 4334		r than Jul 31, 2011 Report Form		2. Registered Agent and Office (NOT A P.O. BOX)  KIM ANDERSON  510 S RIVER ST  HAILEY ID 83333			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	1. Mailing Address: Cor KIM ANDERSON PAI						
NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 1053 HAILEY ID 83333		3. <u>N</u>	3. <u>New</u> Registered Agent Signature.			
4. kiffilted Liability Compar Manager or Member Nar					Country	Postal Code	
Manager Member (circle one)		B6x 1053	Hm le	y Id.	USA	83333	
5. Organized Under the Laws o	of: 6.						
IDAHO	Signature:			Date: 5/24/11			
W 4334	Name (type or pri	nt): Kim V. Aug	PRSON		Title:	unigen	
Issued 05/20/2011 by SLD						102925	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM