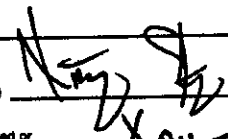


No. W 67478	Due no later than October 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable XCS ENTERPRISES LLC PO BOX 5007 BOISE, ID 83705		XAVIERY STORY 12315 W MACUMBO CT BOISE, ID 83709 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>XAVIERY STORY</td> <td>12315 W. MACUMBO CT</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>VP</td> <td>CHANDRA STORY</td> <td>12315 W MACUMBO CT</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	XAVIERY STORY	12315 W. MACUMBO CT	BOISE	ID	83709	VP	CHANDRA STORY	12315 W MACUMBO CT	BOISE	ID	83709
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5. Organized Under the Laws of: IDAHO W 67478	6. Signature  Date 8-29-08 Name (Typed or Printed) XAVIERY STORY Title PRESIDENT																				

Issued 08/06/2008

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