

No. W 48753

Due no later than March 31, 2009
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

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

ORCHARD POINTE, LLC
372 S EAGLE RD STE 378
EAGLE, ID 83616MICHAEL MCCABE
1641 N DRAGONFLY
EAGLE, ID 83616NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature



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

Office heldNameStreet or P.O. AddressCityStateZipMANAGER MIKE MCCABE 372 S EAGLE RD STE #378
EAGLE ID 83616

5. Organized Under the Laws of:

IDAHO
W 48753

6.

Signature



Date

2/10/09

Name
(Typed or Printed)

MIKE MCCABE

Title

MANAGER

Issued 01/05/2009

Do Not Tape or Staple

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