No. W 61559	Due no later than Apr 30, 2010	2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if not be a second of the box if not	MARINA BATES 819 S IDAHO AVE GRANGEVILLE ID 83530 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City State Country Postal Code		
MANAGER MARINA MANAGER TOM BA		TWIN FALLS ID USA 83301 TWIN FALLS ID USA 83301		
5. Organized Under the Laws of:	6. Annual Report must be signed.*			
ID	Signature: Marina Bates	Date: 02/12/2010		
W 61559	Name (type or print): Marina Bates	Title: Manager		
Processed 02/12/2010	* Electronically provided signatures are accepted as	original signatures.		

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Office Held Name	Street or PO Address	City State Country Postal Code		
MANAGER MARINA MANAGER TOM BA		TWIN FALLS ID USA 83301 TWIN FALLS ID USA 83301		
5. Organized Under the Laws of:	6. Annual Report must be signed.*			
ID	Signature: Marina Bates	Date: 02/12/2010		
W 61559	Name (type or print): Marina Bates	Title: Manager		
Processed 02/12/2010	* Electronically provided signatures are accepted as	original signatures.		