

No. W 70755		Due no later than Jan 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SCHAMBER TITL, LLC 607 CREEKSIDE WAY TWIN FALLS ID 83301		MELANIE K SCHAMBER 607 CREEKSIDE WAY TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
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	
MEMBER	JEFFERY T SCHAMBER	607 CREEKSIDE WAY	TWIN FALLS	ID	USA	83301	
MEMBER	MELANIE K SCHAMBER	607 CREEKSIDE WAY	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 70755		Signature: Melanie Schamber Name (type or print): Melanie Schamber			Date: 12/04/2009 Title: Owner		
Processed 12/04/2009		* Electronically provided signatures are accepted as original signatures.					