

No. <b>W 15184</b>	<b>Due no later than Apr 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		DOROTHY KEEFER RYSKAMP 1545 LAPRELE APT 45 IDAHO FALLS ID 83702			
	RYSKAMP MAPLE WAY DUPLEX, LLC DOROTHY KEEFER RYSKAMP 1545 LAPRELE APT. 45 IDAHO FALLS ID 83402 USA		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
MANAGER	DOROTHY KEEFER RYSKAMP	1545 LAPRELE APT. 72	IDAHO FALLS	ID	USA	83402
MANAGER	JOHN MICHAEL RYSKAMP	1545 LAPRELE APT. 72	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:  <b>ID W 15184</b>		6. Annual Report must be signed.* Signature: Dorothy Ryskamp Name (type or print): Dorothy Ryskamp  Date: 03/23/2009 Title: Manager				
Processed 03/23/2009		* Electronically provided signatures are accepted as original signatures.				