No. W 6685	Due no later than August 31, 2006	2. Registered Agent and Office NO PO BO)
Return to:	Annual Report Form	OF IN IO P. I.
SECRETARY OF STATE	1. Mailing Address - Correct In this box, if applicable	DENNIS D BURTS 13330 VILI RD
700 WEST JEFFERSON PO BOX 83720	ACCIPITER, LLC	DONNELLY, ID 83615
BOISE, ID 83720-0080	DENNIS D BURTS P O BOX 249	
201011, 12 03/20-0080	DONNELLY, ID 83615	İ
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		TEST TO SISTORED AGENT SIGNATURE
4. Limited Liability Compani	es: Enter Names and Addresses of Managers.	
Office held Name	Charles Addresses of Managers.	
Hamb	Street or P.O. Address	14
~		<u>.tY</u> State 7in
Manager Dennis	D. Burts POBOX 249 Day	nnelly State Zip
Manager Dennis	Street or P.O. Address TO Box 249 Dec	nnelly ID P3615
Manager Dennis	D. Burts, POBOX 249 Dei	nnelly ID P3615
Manager Dennis		,
Manager Dennis		
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Manager Dennis		
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. Organized Under the Laws of:		
. Organized Under the Laws of:		nto Date 8/2/06