

No. W 25447 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than August 31, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HOWES MANAGEMENT SERVICE (HMS) LLC 15086 LAKE AVE NAMPA, ID 83651		2. Registered Agent and Office NO PO BOX AROL DEAN HOWES 15086 LAKE AVE NAMPA, ID 83651 3. New Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members.																							
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>AROL DEAN HOWES</td> <td>15086 LAKE AVE.</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>MEMBER</td> <td>KAREN K. HOWES</td> <td>15086 LAKE AVE.</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	AROL DEAN HOWES	15086 LAKE AVE.	NAMPA	ID	83651	MEMBER	KAREN K. HOWES	15086 LAKE AVE.	NAMPA	ID	83651
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5. Organized Under the Laws of: IDAHO W 25447		6. Signature <u><i>AD Howes</i></u> Date <u>6/19/08</u> Name (Typed or Printed) <u>AROL DEAN HOWES</u> Title <u>MANAGER</u>																					

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Do Not Tape or Staple