No. W 41698	Due no later than Aug 31, 2010 Annual Report Form			2. Registered Agent and Office (NOT A P.O. BOX)		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		rect in this box if needed.		CRAIG MACPHEE 3965 BOOTHE PARK RD COEUR D'ALENE ID 83814		
NO FILING FEE IF RECEIVED BY DUE DATE	COEUR D ALENE ID		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Compani	es: Enter Names and Addre	sses of Managers OP M	lambors			
Office Held Nam	e	Street or PO Address	icilibers.	City	State	Coumbra Court Louis
MANAGER	CRAIG MACPHEE	************************************	PARK RD		ID	Country Postal Code
5. Organized Under the Laws	s of: 6		,			
IDAHO	Signature:	My A	1/10	7/1	200	07-07-10 Date:
W 41698	Name (type or prir	t): ERAIG MAC	CPHE	E Tro	ustee	Title: RIVT
ssued 06/29/2010 by SLD		·				40000
						105736

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM