No. W 31293		Due no later than Jun 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MORTON D MCMILLEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MCMILLEN, MARA MCI	1. Mailing Address: Correct in this box if needed. MCMILLEN, LLC MARA MCMILLEN 910 MAIN ST STE 258 BOISE ID 83702 USA		910 MAIN ST STE 258 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Ent	er Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MARA	MARA MCMILLEN 910 MAIN ST STE 258		BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature:	Signature: Mara McMillen		Date: 06/29/2010			
W 31293	Name (type	Name (type or print): Mara McMillen		Title: Manager			
Processed 06/29/2010	* Electronicall	* Electronically provided signatures are accepted as original signatures.					