

No. W 38767		Due no later than Apr 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		MARLON WEEKS 210 AGATE ST VICTOR ID 83455			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		WEEKS ENTERPRISE LLC. CONNIE L WEEKS PO BOX 860 VICTOR ID 83455 USA					
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	MARLON R WEEKS	PO BOX 860	VICTOR	ID	USA	83455	
MANAGER	CONNIE L WEEKS	PO BOX 860	VICTOR	ID	USA	83455	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 38767		Signature: Connie Weeks			Date: 04/25/2012		
		Name (type or print): Connie Weeks			Title: Owner		
Processed 04/25/2012		* Electronically provided signatures are accepted as original signatures.					