No. W 72645		Due no later than Mar 31, 2012	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ASTROLABE, LLC SCOTT L KANE 13868 W DOMINION CT BOISE ID 83713-0705	SCOTT KANE 13868 W DOMINION CT BOISE ID 83713-0705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compan	ies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER	SCOTT KANI KIMALI KANE		BOISE BOISE	ID ID	USA USA	83713-0705 83713-0705
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Kimali J Kane	Date: 03/12/2012			
W 72645		Name (type or print): Kimali J Kane	Title: Member			
Processed 03/12/2012 * Electronically provided signatures are accepted as original signatures.						