No. **W 45083**	**Due no later than Dec 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** TOTAL OPTION LLC TIM S OLSON 1756 E STONYBROOK CT EAGLE ID 83616	TIM S OLSON 1756 E STONYBROOK CT EAGLE ID 83616 3. New Registered Agent Signature:*

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
MEMBER	TIM S OLSON	1756 E STONYBROOK CT	EAGLE	ID	USA	83616
MEMBER	STEPHEN E THOMAS	1756 E STONYBROOK CT	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 45083**	Signature: Tim S Olson	Date: 11/14/2009
	Name (type or print): Tim S Olson	Title: Member

Processed 11/14/2009

* Electronically provided signatures are accepted as original signatures.