| No. J 1092 | | Due no later than Dec 31, 2006 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------------------|---|--|---|----------|---------|----------------|
| Return to: | | | Annual Report Form | | | | |
| 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. | | | | | |
| | | HASLAM CABIN LLP NEILS HASLAM 410 ELM NORTH TWIN FALLS ID 83301 | | 3. New Registered Agent Signature:* | | | |
| | | | | | | | |
| 4. Limited Liability Partne | erships: Enter N | ames and Busine | ess Addresses of two (2) or more partners. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| PARTNER PARTNER | NEILS HASLAM JANINE NEIWERTH | | 410 ELM NORTH 410 ELM NORTH | TWIN FALLS TWIN FALLS | ID ID | USA | 83301 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Repo | ort must be signed.* | | | | |
| IDAHO J 1092 | | Signature: Neils Haslam | | Date: 11/14/2006 | | | |
| | | Name (type or print): Neils Haslam | | Title: Partner | | | |
| Processed 11/14/2006 | | * Electronically | provided signatures are accepted as original | signatures. | | | |