

|                                                                                                                                                        |                   |                                                                                                                                                                                 |        |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 80712</b>                                                                                                                                     |                   | <b>Due no later than Jan 31, 2010</b>                                                                                                                                           |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PACESETTER LLC<br>MICHAEL F SEWELL<br>4781 W 2000 S<br>DRIGGS ID 83422<br>USA |        | MICHAEL F SEWELL<br>4781 W 2000 S<br>DRIGGS ID 83422 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                 |        | 3. <u>New</u> 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                                                                                                                                                 | KIMBERLY B SEWELL | 4781 W 2000 S                                                                                                                                                                   | DRIGGS | ID                                                   | USA     | 83422       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 80712</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Michael F Sewell<br>Name (type or print): Michael F Sewell<br>Date: 12/05/2009<br>Title: Member                                 |        |                                                      |         |             |  |
| Processed 12/05/2009                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                       |        |                                                      |         |             |  |