| No. W 5466 | Due no later than February 29, 2008 Annual Report Form | | 2. Registered Agent and Office NO PO BOX JERRY N. MADSEN 788 N 50 W TETONIA, ID 83452 | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------|----------------------------------------------------------------------------------------|----------------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREE PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if applicable | | | |
| NO FILING FEE IF | | | 3. New Registered A | gent Signature |
| Limited Liability Comp | panies: Enter Names and Addresses | of Managers. | | . • |
| Office held Name | Street or P.O. Address | City | State | <u>Zip</u> |
| officer Jury 1 | Medsen p.o.box 436 | Drij | 1/3 D | 13422 |
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| 5. Organized Under the Laws of: IDAHO | 6. Signature | MI | 7 Date | -19 08 |
| W 5466 | Name Printed Turky | n. Madre | M Title 8 t | Picer |
| Issued 12/03/2007 | Do Not Tape or | Staple | 200 | 802004931 |