

No. W 45896		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		1. Mailing Address: Correct in this box if needed. BUFFALO CORNER, LLC KATHY SPITZER PO BOX 828 VICTOR ID 83455		KATHLEEN SPITZER 940 EDGEWOOD LN VICTOR ID 83455			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KATHLEEN SPITZER	Street or PO Address PO BOX 828		City VICTOR	State ID	Country USA	Postal Code 83455
5. Organized Under the Laws of: ID W 45896		6. Annual Report must be signed.* Signature: Kathleen Spitzer Name (type or print): Kathleen Spitzer Date: 10/23/2009 Title: Manager					
Processed 10/23/2009 * Electronically provided signatures are accepted as original signatures.							