No. W 57222	Due no later than December : Annual Report Form	istered Agent and Office NO PO BOX			
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREE PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Mailing Address - Correct in this box, if	659 E BURL	EY, ID 83318	N. Cuerland Ace	
^{4.} Limited Liability Compa	nies: Enter Names and Addresses of Ma	nagers.			
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>	
member Orin We	podloury 439 E. 660 S.	Burley	Q.B	83318	
manager ber Linda	Woodbury 439 E. 660 S.	Burley	 20	83318	
member/ Kurt G.	eary 720 S. 750 E.	Burley	ID	83318	
manager/ Nikki G	eary 720 s. 750 E.	Burley	ED .	83318	
I manhair Ben U	ee 550 E. 750 S.	Burley	IO:	83318	
member Angie	Lee 550 F. 750 S.	Burley	IO	83318	
5. Organized Under the Laws of: IDAHO W 57222	6. Signature Dielei /	Signature 1 Jelu / Slaw		Date 1-9-08	
	Name Printed Nikk	Name Philipped or Nikki Beary		Title Manager	
Issued 10/01/2008	Do Not Tape or Star	Do Not Tape or Staple		200812008411	

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