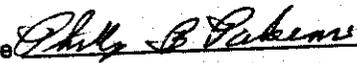


No. W 12408	Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX PHILLIP B PARKINSON 420 SHOSHONE AVE REXBURG, ID 83440																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PARKINSON FAMILY PROPERTIES MANAGEM PHILLIP B PARKINSON 420 SHOSHONE AVE REXBURG, ID 83440 USA		3. New Registered Agent Signature 																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>Office held</u></th> <th style="width:15%;"><u>Name</u></th> <th style="width:45%;"><u>Street or P.O. Address</u></th> <th style="width:10%;"><u>City</u></th> <th style="width:10%;"><u>State</u></th> <th style="width:5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Phillip B Parkinson</td> <td>420 Shoshone</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> <tr> <td>Manager</td> <td>Jayna A Parkinson</td> <td>420 Shoshone</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Phillip B Parkinson	420 Shoshone	Rexburg	Id	83440	Manager	Jayna A Parkinson	420 Shoshone	Rexburg	Id	83440
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5. Organized Under the Laws of: IDAHO W 12408	6. Signature  Date <u>5-8-08</u> Name (Typed or Printed) <u>Phillip B Parkinson</u> Title <u>Manager</u>																				

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