No. W 4176		Due no later than Jun 30, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ADDRESS TO SEE THE PERSON NAMED TO SEE	PAUL THOMPSON 493 S 1200 W PINGREE ID 83262 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. THOMPSON BROTHERS, L.L.C. PAUL THOMPSON 493 S 1200 W PINGREE ID 83262		PINGREE ID				
NO FILING FEE IF RECEIVED BY DUE DATE		THOREE ID	03202					
4. Limited Liability Comp	oanies: Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER PAUL THOMPSON MANAGER KURT THOMPSON MANAGER CHRIS THOMPSON		IPSON	749 W HWY 39 210 S. 585 WEST 561 W. 75 S.	BLACKFOOT BLACKFOOT BLACKFOOT	ID ID ID	USA USA USA	83221 83221 83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: P		Date: 05/01/2013				
W 4176		Name (type	or print): Paul Thompson		Title: Manager			
Processed 05/01/2013 * Electronically provided signatures are accepted as original signatures.								