

No. W 45896

Due no later than December 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BUFFALO CORNER, LLC
PO BOX 828
VICTOR, ID 83455

KATHLEEN SPITZER
940 EDGEWOOD LN
VICTOR, ID 83455

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Kathleen Spitzer	P.O. Box	Victor	ID	83455

5. Organized Under the Laws of:
IDAHO
W 45896

6.

Signature

Kathleen Spitzer

Date

10/19/07

Name (Typed or Printed)

Kathleen Spitzer

Title

Manager

Issued 10/01/2007

Do Not Tape or Staple

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