No. W 14117	Due no later than January 31, 2009 Annual Report Form 1. 1. Mailing Address - Correct in this box, if applicable 15		2. Registered Agent and Office NO PO BOX CURTIS WYBORNY 23487 HWY 2	
Return to: SECRETARY OF STATE				
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	31 PADRE, LLC PO BOX 219 DOVER, ID 83825		SANDPOINT, II	
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered	Agent Signature
Limited Liability Compan	ies: Enter Names and	Addresses of Managers.		
Office held Name	Street or P.O. Addre	oss <u>City</u>	State	<u>Zip</u>
MANAGER CURTIS WYBORNY	f pobox 219	Dover	ID	83825
				to to the second of the second
5. Organized Under the Laws of: IDAHO W 14117	6. Signature	Centis Wylorm	Date	11-13-08
	Name (Typed or	CURTIS WYBORNY	Title <u>//</u>	1ANAGER_
Issued 11/05/2008	Do Not	Tape or Staple	2	00901006353