

|  |             |   |            |  |         |             |  |
|--|-------------|---|------------|--|---------|-------------|--|
| No. <b>W 9803</b>  |             | <b>Due no later than Sep 30, 2008</b>   |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LEAVITT FAMILY, L.L.C.<br>1590 BRIARWOOD<br>TWIN FALLS ID 83301            |            | MAX RUSSELL LEAVITT<br>1590 BRIARWOOD<br>TWIN FALLS ID 83301 |         |             |  |
|  |             |   |            | 3. <u>New</u> Registered Agent Signature:*                   |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |             |   |            |  |         |             |  |
| Office Held  | Name        | Street or PO Address  | City       | State  | Country | Postal Code |  |
| MANAGER  | MAX LEAVITT | 1590 BRIARWOOD  | TWIN FALLS | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 9803</b>  |             | 6. Annual Report must be signed.*<br>Signature: Max R.Leavitt<br>Name (type or print): Max R.Leavitt<br>Date: 09/08/2008<br>Title: Director |            |  |         |             |  |
| Processed 09/08/2008   |             | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |