| No. W 497 | | Due no later than Aug 31, 2010 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--------------------------------------|---------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. C. F. WILLIAMSON, L.L.C. CHARLES F WILLIAMSON 8150 CRESTWOOD DR BOISE ID 83704-3025 | | 0150 6056 | CHARLES F WILLIAMSON 8150 CRESTWOOD DR | | | |
| | | | | BOISE ID | BOISE ID 83704-3025 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nai | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | CHARLES F | WILLIAMSON | 8150 CRESTWOOD DR | BOISE | ID | USA | 83704-3025 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: C. F, Williamson | | | Date: 06/09/2010 | | | |
| W 497 | | Name (type or | | Title: Owner | | | | |
| Processed 06/09/2010 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |