

No. W 36439		Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. STEAMBOAT CLIFFS, LLC TIM A JOHNSON 511 PINE ST WALLACE ID 83873 USA		JOHN F MAGNUSON 1250 NORTHWOOD CTR CT STE A COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TIM JOHNSON	511 PINE ST	WALLACE	ID	USA	83873	
MANAGER	DONNA WESTMORELAND	511 PINE ST.	WALLACE	ID	USA	83873	
5. Organized Under the Laws of: ID W 36439		6. Annual Report must be signed.* Signature: Tim Johnson Name (type or print): Tim Johnson					
		Date: 02/26/2011 Title: Manager					
Processed 02/26/2011		* Electronically provided signatures are accepted as original signatures.					