

No. W 35439 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. GAECKES INSTITUTE, LLC LILLAN GAECKE PO BOX 5800 KETCHUM ID 83340	2. Registered Agent and Office (NOT A P.O. BOX) LILLAN GAECKE 226 TIMBERLINE RD HAILEY ID 83333 3. <u>New</u> Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Member-Manager</td> <td>Jennifer Gaecke</td> <td>P.O. Box 5800</td> <td>Ketchum</td> <td>ID</td> <td>USA</td> <td>83340</td> </tr> <tr> <td>Member-Manager</td> <td>Jeff Gaecke</td> <td>P.O. Box 5800</td> <td>Ketchum</td> <td>ID</td> <td>USA</td> <td>83340</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member-Manager	Jennifer Gaecke	P.O. Box 5800	Ketchum	ID	USA	83340	Member-Manager	Jeff Gaecke	P.O. Box 5800	Ketchum	ID	USA	83340
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5. Organized Under the Laws of: IDAHO W 35439	6. Signature: <u>Jennifer Gaecke</u> Date: <u>11-26-10</u> Name (type or print): <u>Jennifer Gaecke</u> Title: <u>Member - Manager</u>																						
Issued 10/22/2010 by KAH 106252																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Block 1