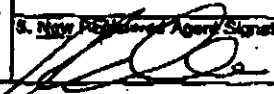
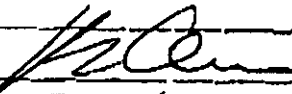


No. W 23784		Due no later than April 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		RASMUSSEN ENTERPRISES, LLC 1808 BATTERFIELD DR POCATELLO, ID 83201 1395 NW MAIN BLACKFOOT, ID. 83221		KERN RASMUSSEN BEN ARAVE 1306 BATTERFIELD DR POCATELLO, ID 83201 1395 NW MAIN BLACKFOOT, ID. 83221													
NO FILING FEE IF RECEIVED BY DUE DATE				3. How Registered Agent Signature 													
4. Limited Liability Companies: Enter Names and Addresses of Managers.																	
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>BEN ARAVE</td> <td>1395 NW Main</td> <td>Blackfoot</td> <td>Id</td> <td>83221</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	Manager	BEN ARAVE	1395 NW Main	Blackfoot	Id	83221
Office held	Name	Street or P.O. Address	City	State	Zip												
Manager	BEN ARAVE	1395 NW Main	Blackfoot	Id	83221												
5. Organized Under the Laws of: IDAHO W 23784		6. Signature  Name (Printed) BEN ARAVE		Date: 3/29/06 Title: Manager													

Issued 02/02/2006

Do Not Tape or Staple

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Fold, seal and mail this portion.

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