

|  |                 |  |      |   |         |                  |  |
|--|-----------------|--|------|---|---------|------------------|--|
| No. <b>W 57154</b>   |                 | <b>Due no later than Dec 31, 2009</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>JOHN E. PRIESTER CONSULTING, PLLC<br>JOHN E PRIESTER<br>262 N HULLEN PL<br>STAR ID 83669 |      | JOHN E PRIESTER<br>262 N HULLEN PL<br>STAR ID 83669 |         |                  |  |
|  |                 |  |      | 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      |  |
| MEMBER   | JOHN E PRIESTER | 262 N HULLEN PL  | STAR | ID  | USA     | 83669            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |      |   |         |                  |  |
| <b>ID<br/>W 57154</b>  |                 | Signature: John E Priester   |      |   |         | Date: 10/19/2009 |  |
|  |                 | Name (type or print): John E Priester  |      |   |         | Title: Owner     |  |
| Processed 10/19/2009   |                 | * Electronically provided signatures are accepted as original signatures.  |      |   |         |                  |  |