| No. <b>W 13666</b>   | Due no later than Dec 31, 2011 2. Registered Agent and Address (NO PO BO  |                          |  | PO BOX)    |                |  |
|--|---|--------------------------|--|------------|----------------|--|
| Return to:   | Annual Report Form  | TED L REA                |  |            |                |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080             | 1. Mailing Address: Correct in this box if needed.  EARLY MORNING ELK LIMITED LIABILITY COMPANY TED L REA 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301 | TWIN FALLS               | 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |                          |  |            |                |  |
| 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 TED L RE MEMBER DOROTHY   |   | TWIN FALLS<br>TWIN FALLS | ID<br>ID   | USA<br>USA | 83301<br>83301 |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*   |                          |  |            |                |  |
| ID   | Signature: Dorothy Rea Date: 11/06/2011   |                          |  | 06/2011    |                |  |
| W 13666 Name (type or print): Dorothy Rea  |   |                          | Title: Officer   |            |                |  |
| Processed 11/06/2011   | * Electronically provided signatures are accepted as original signatures.   |                          |  |            |                |  |