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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|------------------------|--|
| No. <b>W 31586</b>                                                                                                                                     |                    | <b>Due no later than Jun 30, 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>1. Mailing Address: Correct in this box if needed.</b><br>NATURAL ABODE, LLC (THE)<br>DAVID O WILDER<br>PO BOX 8881<br>MOSCOW ID 83843<br>USA |        | DAVID OLLEY WILDER<br>517 S MAIN ST<br>MOSCOW ID 83843 |         |                        |  |
|                                                                                                                                                        |                    |                                                                                                                                                  |        | 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                                                                                                                                                | DAVID OLLEY WILDER | PO BOX 9692                                                                                                                                      | MOSCOW | ID                                                     | USA     | 83843                  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                |        |                                                        |         |                        |  |
| <b>ID<br/>W 31586</b>                                                                                                                                  |                    | Signature: David Wilder                                                                                                                          |        |                                                        |         | Date: 04/22/2009       |  |
|                                                                                                                                                        |                    | Name (type or print): David Wilder                                                                                                               |        |                                                        |         | Title: Managing Member |  |
| Processed 04/22/2009                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                        |        |                                                        |         |                        |  |