


| No. W 40537 | Due no later than June 30, 2008 | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | |
|---|--|---|---|---|--------------------|-------------|-------------------------------|-------------|--------------|------------|----------------|-------------|---------------|----------|----|------------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address - Correct in this box, if applicable MARK AND JILL WRIGHT, LLC JOHN COLEMAN PO BOX 1293 TWIN FALLS, ID 83301 | | MARK WRIGHT 1993 TAMARACK LOOP TWIN FALLS, ID 83301 | | | | | | | | | | | | |
| | | | | 3. New Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager/Member</td> <td>Mark Wright</td> <td>3575 N 3400 E</td> <td>Kimberly</td> <td>ID</td> <td>83341-5286</td> </tr> </tbody> </table> | | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Manager/Member | Mark Wright | 3575 N 3400 E | Kimberly | ID | 83341-5286 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | |
| Manager/Member | Mark Wright | 3575 N 3400 E | Kimberly | ID | 83341-5286 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 40537 | | 6. Signature  Date <u>28 Apr 08</u> Name (Typed or Printed) <u>Mark Wright</u> Title <u>Manager/Member</u> | | | | | | | | | | | | | | |
| Issued 04/01/2008 | | Do Not Tape or Staple | | 200806006924 | | | | | | | | | | | | |