| No. <b>W 65456</b>                                                                                                         |      | Due no later than Aug 31, 2009                                                                                                                                                                               |                                          | 2. Registered Ag            | 2. Registered Agent and Address (NO PO BOX)                                                |                |             |  |
|----------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------|----------------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON 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 needed.  EDWARDS MANAGEMENT LLC CODY J EDWARDS 331 S FLORENCE GRANGEVILLE ID 83530 USA  umes and Addresses of at least one Member or Manager. |                                          | 331 S FLOREN<br>GRANGEVILLE | CODY J EDWARDS 331 S FLORENCE ST GRANGEVILLE ID 83530  3. New Registered Agent Signature:* |                |             |  |
|                                                                                                                            |      |                                                                                                                                                                                                              |                                          |                             |                                                                                            |                |             |  |
| Office Held                                                                                                                | Name | ines and Addresses                                                                                                                                                                                           | Street or PO Address                     | City                        | State                                                                                      | Country        | Postal Code |  |
| MANAGER CODY EDWARDS MANAGER BERNADETTE EDWARDS                                                                            |      | 331 S FLORENCE ST<br>331 S FLORENCE ST                                                                                                                                                                       | GRANGEVILLE<br>GRANGEVILLE               | ID<br>ID                    | USA<br>USA                                                                                 | 83530<br>83530 |             |  |
| 5. Organized Under the Laws of:                                                                                            |      | 6. Annual Report must be signed.*                                                                                                                                                                            |                                          |                             |                                                                                            |                |             |  |
| ID<br>W 65456                                                                                                              |      | Signature: Ber                                                                                                                                                                                               |                                          | Date: 08/30/2009            |                                                                                            |                |             |  |
|                                                                                                                            |      | Name (type or                                                                                                                                                                                                |                                          | Title: Manager              |                                                                                            |                |             |  |
| Processed 08/30/20                                                                                                         | 09   | * Electronically pro                                                                                                                                                                                         | ovided signatures are accepted as origin | al signatures.              |                                                                                            |                |             |  |