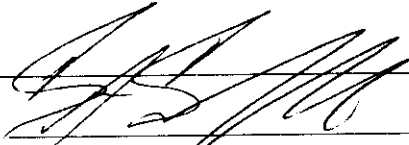


No. W 24608	Due no later than June 30, 2006		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		THOMAS L HULME												
	1. Mailing Address - Correct in this box, if applicable ROCK BOTTOM RANCH LLC 868 WASHINGTON ST MONTPELIER, ID 83254		868 WASHINGTON ST MONTPELIER, ID 83254 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <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></td> <td>SASCAFFIDE</td> <td>620 RICHFIELD RD</td> <td>PACENTER</td> <td>CA</td> <td>92820</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>		SASCAFFIDE	620 RICHFIELD RD	PACENTER	CA	92820
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	SASCAFFIDE	620 RICHFIELD RD	PACENTER	CA	92820										
5. Organized Under the Laws of: IDAHO W 24608	6.  Signature _____ Date <u>7/17.05</u> Name (Typed or Printed) <u>SALVATORE SCOFFIDE</u> Title _____														