

No. <b>W 24648</b>		<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GRAVITY RECOVERY, LLC LARRY F MASHBURN 516 NE BEAMAN ST MOUNTAIN HOME ID 83647		LARRY F MASHBURN 200 E 39TH NORTH MOUNTAIN HOME ID 83647			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LARRY F MASHBURN	Street or PO Address 516 NE BEAMAN ST		City MOUNTAIN HOME	State ID	Country USA	Postal Code 83647
5. Organized Under the Laws of:  <b>ID</b> <b>W 24648</b>		6. Annual Report must be signed.*  Signature: Larry F. Mashburn Name (type or print): Larry F. Mashburn  Date: 04/29/2009 Title: Manager					
Processed 04/29/2009 * Electronically provided signatures are accepted as original signatures.							