


No. <b>W 69720</b>	<b>Due no later than December 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		ROBERT NIELSEN 8 BLUE CAMAS SALMON, ID 83467  3. <u>New</u> Registered Agent Signature													
	BOB'S PATTY WAGON, LLC 8 BLUE CAMAS SALMON, ID 83467															
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>Robert I Nielsen</td> <td>8 Blue Camas Rd</td> <td>Salmon</td> <td>ID</td> <td>83467</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	Robert I Nielsen	8 Blue Camas Rd	Salmon	ID	83467
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGER	Robert I Nielsen	8 Blue Camas Rd	Salmon	ID	83467											
5. Organized Under the Laws of:  IDAHO W 69720		6. Signature <u></u> Date <u>28 NOV 08</u>														

Moisten Adhesive, Do Not Tape or Staple