

No. W 34421	Due no later than November 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX R CADE POWELL 3097 E 1ST ST IDAHO FALLS, ID 83401												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WINDY PEAK PRODUCTIONS, L.L.C. 3097 E 1ST ST 1359 Jackson Dr. IDAHO FALLS, ID 83401 83406	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>R. Cade Powell</td> <td>1359 Jackson Dr.</td> <td>I. F.</td> <td>Id</td> <td>83406</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	R. Cade Powell	1359 Jackson Dr.	I. F.	Id	83406
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	R. Cade Powell	1359 Jackson Dr.	I. F.	Id	83406									
5. Organized Under the Laws of: IDAHO W 34421	6. Signature <u>R. Cade Powell</u> Date <u>11-15-05</u> Name <small>(Typed or Printed)</small> <u>R. Cade Powell</u> Title <u>Manager</u>													

Issued 09/01/2005

Do Not Tape or Staple

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