

|                                                                                                                                                        |                 |                                                                                                                                                                                                 |             |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 74920</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2009</b>                                                                                                                                                           |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TEX CREEK MANAGEMENT, L.L.C.<br>BLAIR T SIMMONS<br>3129 N FOOTHILL RD<br>IDAHO FALLS ID 83401 |             | BLAIR T SIMMONS<br>3129 N FOOTHILL RD<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                 |             | 3. <u>New</u> Registered Agent Signature:*                    |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                                                 |             |                                                               |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                                            | City        | State                                                         | Country | Postal Code |  |
| MANAGER                                                                                                                                                | BLAIR T SIMMONS | 3129 N FOOTHILL RD                                                                                                                                                                              | IDAHO FALLS | ID                                                            | USA     | 83401       |  |
| MANAGER                                                                                                                                                | HAL SIMMONS     | 6203 FOUNDERS POINT DR.                                                                                                                                                                         | AMMON       | ID                                                            | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 74920</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Blair T Simmons<br>Name (type or print): Blair T Simmons                                                                                        |             |                                                               |         |             |  |
|                                                                                                                                                        |                 | Date: 04/14/2009<br>Title: Partner                                                                                                                                                              |             |                                                               |         |             |  |
| Processed 04/14/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |             |                                                               |         |             |  |