No. W 61745		Due no later than Apr 30, 2010		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RAMONA J OLSON 391 SEARS CREEK RD STITES ID 83552 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BULL FEATHERS, LLC RAMONA J OLSON 391 SEARS CREEK RD STITES ID 83552		_				
NO FILING FEE IF RECEIVED BY DUE DATE								
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 RAMONA J C		OLSON	HC66 BOX 367A		KOOSKIA	ID	USA	83539
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ramona J Olson			Date: 04/11/2010			
W 61745		Name (type or print): Ramona J Olson			Title: Manager			
Processed 04/11/2010 * Electronically provided signatures are accepted as original signatures.								