

|  |                   |  |            |  |         |             |  |
|--|-------------------|--|------------|--|---------|-------------|--|
| No. <b>W 27764</b>   |                   | <b>Due no later than Jan 31, 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>4 PEAKS LLC<br>GARY D SUMMERS<br>27 N 3000 E<br>SUGAR CITY ID 83448<br>USA |            | GARY D SUMMERS<br>27 N 3000 E<br>SUGAR CITY ID 83448 |         |             |  |
|  |                   |  |            | 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  | GARY D SUMMERS    | 27 N 3000 E  | SUGAR CITY | ID   | USA     | 83448       |  |
| MANAGER  | SHANNON L SUMMERS | 27 N 3000 E  | SUGAR CITY | ID   | USA     | 83448       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 27764</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Shannon L Summers<br>Name (type or print): Shannon L Summers<br>Date: 02/13/2009<br>Title: Manager                           |            |  |         |             |  |
| Processed 02/13/2009   |                   | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |  |