

|                                                                                                                                                        |                |                                                                             |           |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 15580</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>                                                   |           | CASEY S KRIVOR<br>506 W ALDER STE 200<br>SANDPOINT ID 83864 |         |                  |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                   |           | 3. <u>New</u> Registered Agent Signature:*                  |         |                  |  |
|                                                                                                                                                        |                | WETLAND RESOURCES LLC<br>CASEY S KRIVOR<br>PO BOX 905<br>SANDPOINT ID 83864 |           |                                                             |         |                  |  |
| 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                                                                                                                                                | DAN S JACOBSON | PO BOX 905                                                                  | SANDPOINT | ID                                                          | USA     | 83864            |  |
| MANAGER                                                                                                                                                | CASEY S KRIVOR | PO BOX 905                                                                  | SANDPOINT | ID                                                          | USA     | 83864            |  |
| MANAGER                                                                                                                                                | STEVEN G LAZAR | PO BOX 1023                                                                 | SANDPOINT | ID                                                          | USA     | 83864            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                           |           |                                                             |         |                  |  |
| <b>ID<br/>W 15580</b>                                                                                                                                  |                | Signature: Casey S. Krivor                                                  |           |                                                             |         | Date: 04/17/2009 |  |
|                                                                                                                                                        |                | Name (type or print): Casey S. Krivor                                       |           |                                                             |         | Title: Manager   |  |
| Processed 04/17/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.   |           |                                                             |         |                  |  |