No. W 19154		Due no later than May 31, 2011		2. Reg	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. 4X4 PLUS LLC TROY W ORCUTT PO BOX 932 SPIRIT LAKE ID 83869		279 ATI	TROY W ORCUTT 27956 N HOLIDAY LN ATHOL ID 83801 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of	at least one Member or Manager						
Office Held	Name	ries and radicesses of	Street or PO Address	City		State	Country	Postal Code	
MANAGER	TROY W ORCUTT		2126 W BROWNING RD	ATH	OL	ID	USA	83801	
5. Organized Under the Laws of: ID W 19154		6. Annual Report must be signed.* Signature: Troy W Orcutt Name (type or print): Troy W Orcutt			Date: 06/14/2011 Title: Manager				
Processed 06/14/2011		* Electronically provid	ectronically provided signatures are accepted as original signatures.						