| No. | W 4182 | ī. | Due no later than 6/30/2009 | | 2. Registered Agent and Address (NO PO BOX) | | |
|---|----------------------------|---|--|-------------|--|---------|--|
| Return to: | | Annu | Annual Report Form | | ROGER L JONES | | |
| SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Addres | 1. Mailing Address: Correct in this box if needed. THREE ISLAND LLC ROGER L JONES PO BOX 790 GLENNS FERRY ID 83623 | | 1289 W MADISON GLENNS FERRY ID 83623 3. New Registered Agent Signature: | | |
| | | THREE ISLAND LLC ROGER L JONES PO BOX 790 | | | | | |
| | | | | | | | |
| 4. Lin | nited Liability Companies: | Enter Names and Addresse | s of at least one Member or Manag | er. | <u> </u> | | |
| | e Heid Nan | 10 | Street or PO Address | City | State | Zip | |
| Ma | inager Ro | ger L Jones | P.O. Box 790 | Chennsterry | <u>t</u> a | 83623 | |
| | | | | | | | |
| | | | | | | | |
| 5. Organized Under the Laws of: ID W 4182 | | of: 6. Annual Report must Signature: | be signed. | byll Date | : 7-8- | 2009 | |
| | 77 7102 | Name(type or print): | Roger L Jones | Title: | man | ager | |
| Issued 7/6/2009 by CLH | | | | | 20090 | 6005021 | |