No. <b>W 33386</b>		Due no later than Sep 30, 2005		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JULIE SHAPIRO				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BROKEN SPUR II, LIMITED LIABILITY COMPANY KATHY RUNYAN PO BOX 533 DRIGGS ID 83422 0000		31 BERYL AVE VICTOR ID 83455 0000  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses	s of at least one Member or Manage	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MANAGER KATHY RUNYAN		PO BOX 533		DRIGGS	ID		83422
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO W 33386		Signature: Kathy Runyan		Date: 08/04/2005				
		Name (type or print): Kathy Runyan			Title: Managing Member			
Processed 08/04/2005 * Electronically provided signatures are accepted as original signatures.								