No. **W 10454**	**Due no later than Dec 31, 2009**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** THREE SISTERS LLC BRIAN CARNEY PO BOX 2126 HAILEY ID 83333	BRIAN BARSOTTI 215 PICABO ST STE 304 KETCHUM ID 83340 3. New 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
MEMBER	WALTER STOECKLEIN	949 RT 910	CHESWICK	PA	USA	15624
MEMBER	SHELLY STOECKLEIN	949 RT 910	CHESWICK	PA	USA	15624

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 10454**	Signature: Walter Stoecklein	Date: 11/04/2009
	Name (type or print): Walter Stoecklein	Title: Member

Processed 11/04/2009

* Electronically provided signatures are accepted as original signatures.