No. W 40609	Annual Report Form PH 1. Mailing Address - Correct in this box, if applicable 825		2. Registered Agent	legistered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			PHIL THOMPSON 8251 CORNERSTONE DR HAYDEN, ID 83835		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered A	gent Signature	
Limited Liability Compan	ies: Enter Names and Addresses o	f Members.			
Office held Name President Erin RJen		<u>City</u> Haydin	State Fd	<u>Zip</u> 83835	
Vp Phil Thom	osan P0 B453	Hayde	n #d	43832	
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i. Organized Under the Laws of: IDAHO W 40609	Signature Exit Name (Typed or Exit)	Tukin	Date 4-	25-07 ESKLENTS	
Issued 04/02/2007	Name Printed Do Not Tape or S	 		06007227	