

No. W 19978	Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	3. Filing Address: (Correct to the box or applicable)		GORDON D ARAVE 1395 NW MAIN ST BLACKFOOT, ID 83221												
	CRESTWOOD ENTERPRISES, LLC 1395 NW MAIN ST BLACKFOOT, ID 83221		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Gordon D. Arave</td> <td>1395 NW Main</td> <td>Blackfoot</td> <td>ID.</td> <td>83221</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Gordon D. Arave	1395 NW Main	Blackfoot	ID.	83221
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Gordon D. Arave	1395 NW Main	Blackfoot	ID.	83221										
5. Organized Under the Laws of: IDAHO W 19978	6. Signature <u>Gordon D. Arave</u> Date <u>5/9/08</u> Name (Typed or Printed) <u>Gordon D. Arave</u> Title <u>Manager</u>														

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