

No. W 41987	Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (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	1. Mailing Address: Correct in this box if needed. CARVING EDGE, LLC (THE) PO BOX 2307 SUN VALLEY ID 83353 <i>> P.O. Box 888 Ketchum, ID 83340</i>		SAMUEL KORY 2489 INDIAN SPRINGS SUN VALLEY ID 83353	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			3. <u>New</u> Registered Agent Signature:	
Office Held	Name	Street or PO Address	City	State Zip
<i>President Owner</i>	Samuel Kory	P.O. Box 888	Ketchum	ID 83340
5. Organized Under the Laws of: ID W 41987	6. Annual Report must be signed Signature: <i>[Signature]</i> Name(type or print): SAMUEL KORY			Date: <i>Sep 15, 2009</i> Title: <i>President/Owner</i>

Issued 9/14/2009 by LJM

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