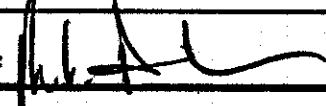


No. <b>W 63868</b>	<b>Due no later than Jun 30, 2008 Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX)																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. <b>EL GUAPO DISTRIBUTING, LLC</b>  4190 HIDDEN LAKES DR KIMBERLYID83341		<b>MICHAEL D AARDEMA</b> <b>4190 HIDDEN LAKES DR</b> <b>KIMBERLYID83341</b>  3. New Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Mike Aardema</td> <td>4109 Hidden Lakes</td> <td>Kimberly</td> <td>ID</td> <td></td> <td>83341</td> </tr> <tr> <td>Vice President</td> <td>Grace Miramontes</td> <td>468 S 800W</td> <td>Burley</td> <td>ID</td> <td></td> <td>83318</td> </tr> <tr> <td>Treasurer</td> <td>Gary Wolverton</td> <td>Box 5179</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83303</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Mike Aardema	4109 Hidden Lakes	Kimberly	ID		83341	Vice President	Grace Miramontes	468 S 800W	Burley	ID		83318	Treasurer	Gary Wolverton	Box 5179	Twin Falls	ID		83303
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 63868</b>		6. Signature:  Date: _____ Name (type or print): _____ Title: _____																													
Issued 07/07/2008 by KAH		200806008515																													

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

**POSTMARK DATES WILL NOT BE ACCEPTED**