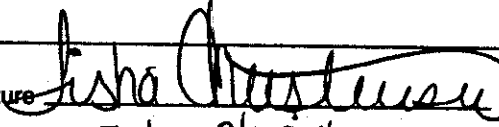


No. W 32645	Due no later than August 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOHN C ANDERSON 1801 HIGHLAND AVE E TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
	JOHN C. ANDERSON, L.L.C. PO BOX 469 TWIN FALLS, ID														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>owner</td><td>John C Anderson</td><td>PO Box 469</td><td>Twin Falls</td><td>ID</td><td>83303</td></tr></tbody></table>				Office held	Name	Street or P.O. Address	City	State	Zip	owner	John C Anderson	PO Box 469	Twin Falls	ID	83303
Office held	Name	Street or P.O. Address	City	State	Zip										
owner	John C Anderson	PO Box 469	Twin Falls	ID	83303										
5. Organized Under the Laws of: IDAHO W 32645	6. Signature  Name (Typed or Printed) Tisha Christensen			Date 7/5/07 Title											

Issued 06/01/2007

Do Not Tape or Staple

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