No. W 18343	Due no later than March 31, 2009 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	1. Mailing Address - Correct in this box, if applicable		KEN KOSTKA 1145 N 400 S HEYBURN, ID 83336		
NO FILING FEE IF RECEIVED BY DUE DATE		3	B. New Registered A	gent Signature	
 Limited Liability Compani 	es: Enter Names and Addresses	of Members.	_		
Office held Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>	
MEMBER KENKOSTKA	11454 4005	HLYBIRN	To	83336	
NEMBER BRENT STO		BLELKY	To	83318	
Member Laver STOR	ia 70716 5005	BLELRY	IO	83318	
	٠.				
5. Organized Under the Laws of:	6.			1/2	
IDAHO W 18343	Signature	Signature		Date	
	Name (Typed or KEN	Name Printed or KEN KOSTKA		Title MENBER_	
issued 01/05/2009	Do Not Tape or	Do Not Tape or Staple		200903006777	