

No. W 26266

Due no later than October 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

1. Mailing Address - Correct in this box, if applicable

TWO FINGER KNIFE, LLC
NORMAN F SCHENK
394 N WESTRIDGE DR
IDAHO FALLS, ID 83402

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IDAHO FALLS, ID 83402

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Norman F. Schenk	394 N Westridge Dr	Idaho Falls	ID	83402

5. Organized Under the Laws of:

IDAHO
W 26266

6.

Signature

N. Schenk

Date

8/19/08

Name

(Typed or
Printed)

Norman F. Schenk

Title

Pres.