

|                                                                                                                                                        |              |                                                                                                                                                                                       |       |                                                         |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------------------|
| No. <b>W 36397</b>                                                                                                                                     |              | <b>Due no later than Feb 28, 2007</b>                                                                                                                                                 |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MIKE CHERRY CROSSING LLC<br>MIKE ROBNETT<br>1045 S ANCONA STE 150<br>EAGLE ID 83616 |       | MIKE ROBNETT<br>1045 S ANCONA STE 150<br>EAGLE ID 83616 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                       |       | 3. <u>New</u> Registered Agent Signature: *             |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |              |                                                                                                                                                                                       |       |                                                         |                     |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                                                                  | City  | State                                                   | Country Postal Code |
| MEMBER                                                                                                                                                 | MIKE ROBNETT | 1045 S ANCONA STE 150                                                                                                                                                                 | EAGLE | ID                                                      | 83616               |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 36397</b>                                                                                        |              | 6. Annual Report must be signed.*<br>Signature: Mike Robnett<br>Name (type or print): Mike Robnett<br><br>Date: 12/18/2006<br>Title: Member                                           |       |                                                         |                     |
| Processed 12/18/2006                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                             |       |                                                         |                     |