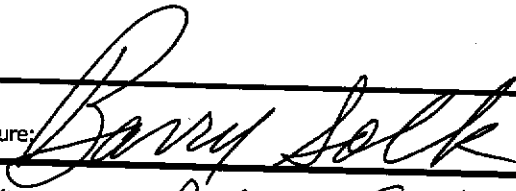


No. W 1258 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. STAR LIMITED, L.L.C. BARRY SOLK P O BOX 1063 SALMON ID 83467	2. Registered Agent and Office (NOT A P.O. BOX) BARRY SOLK 529 MAIN ST SALMON ID 83467 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>Member/Agent</td> <td>BARRY SOLK</td> <td>529 Main St.</td> <td>SALMON</td> <td>Id</td> <td>LEMHI</td> <td>83467</td> </tr> <tr> <td>Member</td> <td>Dee Dee McClain</td> <td>529 Main St.</td> <td>SALMON</td> <td>Id</td> <td>LEMHI</td> <td>83467</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member/Agent	BARRY SOLK	529 Main St.	SALMON	Id	LEMHI	83467	Member	Dee Dee McClain	529 Main St.	SALMON	Id	LEMHI	83467
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Member	Dee Dee McClain	529 Main St.	SALMON	Id	LEMHI	83467																	
5. Organized Under the Laws of: IDAHO W 1258	6. Signature:  Name (type or print): <u>BARRY SOLK</u> Date: <u>7/16/10</u> Title: <u>Registered Agent</u>																						
Issued 07/12/2010 by KAH																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM