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|--|--------------------|---|-------|--|---------|------------------------|--|
| No. W 21739 | | Due no later than Dec 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ADAMSON & ASSOCIATES, LLC JON D ADAMSON 4406 W QUAIL POINT CR BOISE ID 83703 | | JON D ADAMSON 4406 W QUAIL POINT CR BOISE ID 83703 | | | |
| | | | | 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 | HEATHER A ADAMSON | 901 WADE CIRCLE | BOISE | ID | USA | 83702 | |
| MEMBER | BRANDON JW ADAMSON | 4406 W. QUAIL POINT | BOISE | ID | USA | 83703 | |
| MANAGER | JON D ADAMSON | 4406 W. QUAIL POINT | BOISE | ID | USA | 83703 | |
| MANAGER | LINDA M ADAMSOM | 4406 W. QUAIL POINT | BOISE | ID | USA | 83703 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 21739 | | Signature: Jon Adamson | | | | Date: 12/10/2009 | |
| | | Name (type or print): Jon Adamson | | | | Title: Managing Member | |
| Processed 12/10/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |