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| No. W 2790 | | Due no later than Aug 31, 2010 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. VAN ENGELEN CPAS & CO., P.L.L.C. DAVID C VAN ENGELEN P. O. BOX 5377 139 RIVER VISTA PLACE STE 102 TWIN FALLS ID 83303-5377 USA | | DAVID C VAN ENGELEN 139 RIVER VISTA PLACE STE 102 TWIN FALLS ID 83303-5377 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | DAVID C VAN ENGELEN | P.O. BOX 5377 139 RIVER VISTA PLACE STE 102 | TWIN FALLS | ID | USA | 83303-5377 |
| 5. Organized Under the Laws of: ID W 2790 | | 6. Annual Report must be signed.* Signature: David Van Engelen Name (type or print): David Van Engelen Date: 06/09/2010 Title: Partner | | | | |
| Processed 06/09/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | |