No. W 66315 Return to:	Due no later than September 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct inithis box, if applicable COUNTRY HOME PRIMITIVES LLC. PO BOX 41 ARIMO, ID 83214	LESLIE LARSEN 245 WOODLAND ARIMO, ID 83214
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
Office held Name Manager Leslie Lans	es: Enter Names and Addresses of Managers. Street or P.O. Address City OCH 245 Wordland Armo	State Zip ID 83214
Organized Under the Laws of:	6.	
IDAHO W 66315	Signature Leslie Larsen Name Printed) Leslie Larsen	Date 9/20/08
Issued 07/01/2008	Do Not Tape or Staple	