

|  |                 |   |          |   |         |             |  |
|--|-----------------|---|----------|---|---------|-------------|--|
| No. <b>W 58822</b>   |                 | <b>Due no later than Feb 29, 2008</b><br><b>Annual Report Form</b>  |          | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>HIGHWAY 41 LLC<br>PRESTON HAWKINS<br>PO BOX 8560<br>SPOKANE WA 99203 |          | PRESTON HAWKINS<br>3400 E PONDEROSA BLVD<br>POST FALLS ID 83854 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                 |   |          | 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   | PRESTON HAWKINS | 360 PATRICIAN WAY   | PASADENA | CA  | USA     | 91105       |  |
| MEMBER   | CARRIE HAWKINS  | 360 PATRICIAN WAY   | PASADENA | CA  | USA     | 91105       |  |
| MEMBER   | PATRICK VOLLMER | 2127 S HELENA ST  | SPOKANE  | WA  | USA     | 99203       |  |
| MEMBER   | TING VOLLMER    | 2127 S HELENA ST  | SPOKANE  | WA  | USA     | 99203       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 58822</b>                                 |                 | 6. Annual Report must be signed.*<br><br>Signature: Preston Hawkins<br>Name (type or print): Preston Hawkins                          |          |   |         |             |  |
|  |                 | Date: 05/01/2008<br>Title: Member   |          |   |         |             |  |
| Processed 05/01/2008 * Electronically provided signatures are accepted as original signatures.     |                 |   |          |   |         |             |  |