No. W 62008	Due no later than April 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box. if applicable CAMP SHERMAN, LLC 3355 FARM TO MARKET RD MIDVALE, ID 83645	TOMMY B WAKEFIELD 3355 FARM TO MARKET RD MIDVALE, ID 83645
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
 Limited Liability Compani 	es: Enter Names and Addresses of Managers.	
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Manager Tommy B. Wall Asst. Manager Doris 6. 1	efeeld 3355 Farm to Market Rd. W Wakefield 3355 Farm to Market Rd. M	Aldvale, ID. 83645 Aldvale, ID. 83645
Manager Tommy B. Wall Asst. Manager Doris C.,		
Manager Tommy B Walt Asst. Manager Doris 6. 5. Organized Under the Laws of: IDAHO W 62008		Lel Date 4-20-28