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|--|--------------------|---|-------|---|---------|-------------|--|
| No. W 73440 | | Due no later than Apr 30, 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. MJOLNIR LLC CLYDE M PRIEST 315 S JUNIPER NAMPA ID 83686 USA | | CLYDE M PRIEST III 315 S JUNIPER NAMPA ID 83686 | | | |
| | | | | 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 | |
| MANAGER | CLYDE M PRIEST III | 315 S JUNIPER | NAMPA | ID | USA | 83686 | |
| MANAGER | KATHLEEN H GARD | 315 S JUNIPER | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: ID W 73440 | | 6. Annual Report must be signed.* Signature: Clyde Priest Name (type or print): Clyde Priest | | | | | |
| | | Date: 02/11/2009 Title: Owner | | | | | |
| Processed 02/11/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |