

No. **W 73057****Due no later than April 30, 2009
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

**SAGEWINDS, LLC
JILL M WORNELL
487 S 150 E
BURLEY, ID 83318****CORPORATION SERVICE COMPANY
1401 SHORELINE DR STE 2
BOISE, ID 83702
USA****NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Sole proprietor	Jill Wornell	487 S. 150 E	Burley	ID	83318

5. Organized Under the Laws of:
**IDAHO
W 73057**

6.

Signature

Jill Wornell

Date

3/15/09

Name
(Typed or Printed)

Jill Wornell

Title

Sole prop.

Issued 02/02/2009

Do Not Tape or Staple

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