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| No. W 32090 | | Due no later than Jul 31, 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. SNOWED-INN LLC JOEL D PHILLIPS PO BOX 2986 POCATELLO ID 83206-2986 | | JOEL D PHILLIPS 139 S 11TH POCATELLO ID 83201 | |
| | | | | 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 | SCOTT E PORTER | 343 N 10TH AVE | POCATELLO | ID | USA 83201 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 32090 | | Signature: Scott Porter Name (type or print): Scott Porter | | Date: 06/03/2009 Title: Member | |
| Processed 06/03/2009 | | * Electronically provided signatures are accepted as original signatures. | | | |