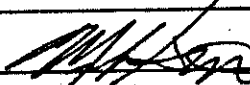


No. W 31255	Due no later than June 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GRIGGS PROPERTIES, LLC MICHAEL GRIGGS 2668 DESERT DR IDAHO FALLS, ID 83404	MICHAEL GRIGGS 2668 DESERT DR IDAHO FALLS, ID 83404 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>MICHAEL GRIGGS</td> <td>2668 DESERT</td> <td>IF</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>OWNER</td> <td>JULIE GRIGGS</td> <td>2668 DESERT</td> <td>IF</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER	MICHAEL GRIGGS	2668 DESERT	IF	ID	83404	OWNER	JULIE GRIGGS	2668 DESERT	IF	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
OWNER	MICHAEL GRIGGS	2668 DESERT	IF	ID	83404															
OWNER	JULIE GRIGGS	2668 DESERT	IF	ID	83404															
5. Organized Under the Laws of: IDAHO W 31255	6. Signature  Date <u>5/6/08</u> Name <small>(Typed or Printed)</small> <u>MICHAEL GRIGGS</u> Title _____																			

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