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|--|-----------------|---|---------|--|------------------|-------------|--|
| No. W 27660 | | Due no later than Dec 31, 2008 | | 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 | | RONALD D WILCOX 1110 GOLDEN BEAUTY DR REXBURG ID 83440 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | WILCOX BROTHERS L.L.C. RON WILCOX 1110 GOLDEN BEAUTY DR REXBURG ID 83440 | | | | | |
| 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 | TERRY K WILCOX | 626 GEMINI | REXBURG | ID | USA | 83440 | |
| MEMBER | LYNN F WILCOX | 5499 W 1000 S | REXBURG | ID | USA | 83440 | |
| MEMBER | RONALD D WILCOX | 1470 TWIN BUTTE RD | MENAN | ID | USA | 83434 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 27660 | | Signature: Ron Wilcox | | | Date: 10/13/2008 | | |
| | | Name (type or print): Ron Wilcox | | | Title: Member | | |
| Processed 10/13/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |