

No. <b>W 29063</b>	<b>Due no later than Mar 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ETERNAL OPTIONS, LLC TIMOTHY J ALLEN PO BOX 66 CLARK FORK ID 83811		TIMOTHY J ALLEN 760 DRY CREEK RD CLARK FORK ID 83811			
			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	TIMOTHY J ALLEN	PO BOX 66	CLARK FORK	ID	USA	83811
5. Organized Under the Laws of:  <b>ID</b> <b>W 29063</b>		6. Annual Report must be signed.* Signature: Timothy J Allen Name (type or print): Timothy J Allen		Date: 04/16/2010 Title: Manager		
Processed 04/16/2010		* Electronically provided signatures are accepted as original signatures.				