

No. W 36861	Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT A TSCHIRGI 601 W BANNOCK ST BOISE ID 83701														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FOSBURG JENSEN, LLC 1038 STATION LOOP RD PARK CITY UT 84098		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager/Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">KAY K. Jensen</td> <td></td> <td>1038 Station Loop Rd.</td> <td>Park City</td> <td>UTAH</td> <td>USA</td> <td>84098</td> </tr> </tbody> </table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	KAY K. Jensen		1038 Station Loop Rd.	Park City	UTAH	USA	84098
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; padding: 10px;"> IDAHO W 36861 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"> Signature: <i>Kay K. Jensen</i> </td> <td style="width: 30%; border-bottom: 1px solid black;"> Date: <i>2-8-11</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): <i>KAY K. JENSEN</i> </td> <td style="border-bottom: 1px solid black;"> Title: <i>Manager</i> </td> </tr> </table>		Signature: <i>Kay K. Jensen</i>	Date: <i>2-8-11</i>	Name (type or print): <i>KAY K. JENSEN</i>	Title: <i>Manager</i>										
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Issued 02/04/2011 by SLD <div style="float: right;">107917</div>																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM