

|  |                       |  |        |  |                     |
|--|-----------------------|--|--------|--|---------------------|
| No. <b>W 34110</b>   |                       | <b>Due no later than Oct 31, 2006</b>  |        | <b>2. Registered Agent and Address (NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                       | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOOSE KNOWS, LLC<br>STEPHANIE A TURNQUIST<br>PO BOX 764<br>ASHTON ID 83420 |        | BRIAN E TURNQUIST<br>23 MAPLE<br>ASHTON ID 83420   |                     |
|  |                       |  |        | 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   | BRIAN E TURNQUIST     | 1329 N 3300 E  | ASHTON | ID   | 83420               |
| MEMBER   | STEPHANIE A TURNQUIST | 1329 N 3300 E  | ASHTON | ID   | 83420               |
| MEMBER   | BRIAN E TURNQUIST     | 1329 N 3300 E  | ASHTON | ID   | 83420               |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 34110</b>  |                       | 6. Annual Report must be signed.*<br>Signature: Stephanie A. Turnquist<br>Name (type or print): Stephanie A. Turnquist<br>Date: 11/13/2006<br>Title: Member                  |        |  |                     |
| Processed 11/13/2006   |                       | * Electronically provided signatures are accepted as original signatures.  |        |  |                     |