

|                                                                                                                                                        |                    |                                                                                                                                                     |       |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 37421</b>                                                                                                                                     |                    | <b>Due no later than Mar 31, 2008</b>                                                                                                               |       | 2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b><br><br>CINDEN CAPITAL, L.L.C.<br>DENNIS MCCLINTOCK<br>10277 W LARIAT DR<br>BOISE ID 83714 |       | DENNIS MCCLINTOCK<br>10277 W LARIAT DR<br>BOISE ID 83714 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                     |       | 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                                                                                                                                                | DENNIS MCCLINTOCK  | 10277 W LARIAT DR                                                                                                                                   | BOISE | ID                                                       | USA     | 83714       |  |
| MANAGER                                                                                                                                                | CINDY A MCCLINTOCK | 10277 W LARIAT DR                                                                                                                                   | BOISE | ID                                                       | USA     | 83714       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 37421</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Dennis Mcclintock<br>Name (type or print): Dennis Mcclintock                                        |       |                                                          |         |             |  |
|                                                                                                                                                        |                    | Date: 04/01/2008<br>Title: Manager                                                                                                                  |       |                                                          |         |             |  |
| Processed 04/01/2008                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                          |         |             |  |