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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 27924</b>                                                                                                                                     |                    | <b>Due no later than Jan 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CAMDEN COURT, L.L.C.<br>4697 NORTH HAROLDSEN DR<br>IDAHO FALLS ID 83401 |             | C THOMAS SAINSBURY<br>4697 NORTH HAROLDSEN DR<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                           |             | 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                                                                                                                                                | C THOMAS SAINSBURY | 4697 NORTH HAROLDSEN DR                                                                                                                                                   | IDAHO FALLS | ID                                                                    | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 27924</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: C Thomas Sainsbury<br>Name (type or print): C Thomas Sainsbury<br>Date: 03/10/2008<br>Title: Member                       |             |                                                                       |         |             |  |
| Processed 03/10/2008                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                 |             |                                                                       |         |             |  |