

No. W 49332	Due no later than April 30, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		REBECCA M PAYNE 12726 N LARAMIE LN POCATELLO, ID 83202													
	BROKEN CLOVER TRAINING FACILITY FOR REBECCA M PAYNE 12726 N LARAMIE LN POCATELLO, ID 83202		3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>manager/owner</td><td>Rebecca Payne</td><td>5163 Lake</td><td>chubbuck</td><td>Idaho</td><td>83202</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	manager/owner	Rebecca Payne	5163 Lake	chubbuck	Idaho	83202
Office held	Name	Street or P.O. Address	City	State	Zip											
manager/owner	Rebecca Payne	5163 Lake	chubbuck	Idaho	83202											
5. Organized Under the Laws of: IDAHO W 49332	6. Signature <u>Rebecca Payne</u> Name (Typed or Printed) <u>Rebecca Payne</u>		Date <u>6-30-09</u> Title <u>manager/owner</u>													

Issued 02/02/2009

Do Not Tape or Staple

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