

No. W 78305	Due no later than Oct 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) GORDEN R KIRSCHENMANN 2322 US HWY 93 N NORTH FORK ID 83466	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				
3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member	Name	Street or PO Address	City	State Country Postal Code
Manager Member (circle one)				
<div style="text-align: center;"> <i>Gorden R. Kirschenmann</i> 2322 Hwy. 93N North Fork, Idaho USA. 83466 </div>				
5. Organized Under the Laws of: IDAHO W 78305		6. Signature: <u><i>Gorden R. Kirschenmann</i></u> Date: <u>10-7-11</u> Name (type or print): <u>Gorden R. Kirschenmann</u> Title: <u>Manager</u>		
Issued 08/11/2011 by CLH		107889		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the