No. W 20554		Due no later than Aug 31, 2009		2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form		WILLARD W HOWELL					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOWELL GP, LLC BILL HOWELL 4665 ENTERPRISE ST BOISE ID 83705			4665 ENTERPRISE ST BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held Name	e		Street or PO Address		City	State	Country	Postal Code	
MEMBER WILL	ARD W	HOWELL	3875 TRIPLE RIDGE LN		EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Willard W. Howell			Date: 08/06/2009				
W 20554		Name (type or print): Willard W. Howell			Title: Member				
Processed 08/06/2009	* Electronically provided signatures are accepted as original signatures.								