

<b>No. W 6791</b>	<b>Due no later than August 31, 2007</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>  ROBERT BUTLER 450 NORTH HANSON SHELLEY, ID 83274																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  BUTLER FAMILY ENTERPRISES, L.L.C. ROBERT BUTLER 450 NORTH HANSON SHELLEY, ID 83274		<b>3. New Registered Agent Signature</b>																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Robert B. Butler</td> <td>450 N. Hanson</td> <td>shelley</td> <td>ID</td> <td>83274</td> </tr> <tr> <td>Manager</td> <td>Linda S. Butler</td> <td>450 N. Hanson</td> <td>shelley</td> <td>ID</td> <td>83274</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Robert B. Butler	450 N. Hanson	shelley	ID	83274	Manager	Linda S. Butler	450 N. Hanson	shelley	ID	83274
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<b>5. Organized Under the Laws of:</b>  IDAHO W 6791		<b>6.</b> Signature <u>Linda S. Butler</u> Date <u>28 Aug. 2007</u> Name (Typed or Printed) <u>Linda S. Butler</u> Title <u>Manager</u>																				

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**Do Not Tape or Staple**

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