| No. W 85885 | | Due no later than Aug 31, 2010 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|--------------------------------|----|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | II | RUTH I CROW 8921 SUNFLOWER CT BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| | | RUTH CROW, LLC RUTH I CROW 8921 SUNFLOWER CT BOISE ID 83704 | | _ | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Nai | mes and Addresses of a | t least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | (| City | State | Country | Postal Code |
| MEMBER SANDY C SUL | | ULLIVAN | 8921 SUNFLOWER CT | В | OISE | ID | USA | 83704 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 85885 | | Signature: Lance Sullivan | | | Date: 09/10/2010 | | | |
| | | Name (type or print): Lance Sullivan | | | Title: Manager | | | |
| Processed 09/10/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |