

No. W 51367

Due no later than June 30, 2008  
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

1. Mailing Address - Correct in this box, if applicable

1515 TIMOR LLC  
CARL STEARNS  
5982 HARCOURT DR  
COEUR D ALENE, ID 83815

CARL STEARNS  
5982 HARCOURT DR  
COEUR D ALENE, ID 83815

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

| <u>Office held</u> | <u>Name</u>     | <u>Street or P.O. Address</u> | <u>City</u>   | <u>State</u> | <u>Zip</u> |
|--------------------|-----------------|-------------------------------|---------------|--------------|------------|
| MANAGER            | CARL L. STEARNS | 5982 HARCOURT DRIVE           | COEUR D'ALENE | ID           | 83815      |
| MANAGER            | KIM G. STEARNS  | 5982 HARCOURT DR              | COEUR D'ALENE | ID           | 83815      |

5. Organized Under the Laws of:  
IDAHO  
W 51367

6.

Signature

*Carl L. Stearns*

Date

4/30/08

Name

(Typed or Printed)

CARL L. STEARNS

Title

MANAGER