

|  |              |  |             |  |         |             |  |
|--|--------------|--|-------------|--|---------|-------------|--|
| No. <b>W 54164</b>   |              | <b>Due no later than Sep 30, 2009</b>  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SELWAY ENTERPRISES LLC<br>PO BOX 284<br>GRANGEVILLE ID 83530            |             | BRIAN FOSTER<br>637 LIGHTNING CREEK RD<br>KOOSKIA ID 83539 |         |             |  |
|  |              |  |             | 3. <u>New</u> Registered Agent Signature: *                |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |              |  |             |  |         |             |  |
| Office Held  | Name         | Street or PO Address   | City        | State  | Country | Postal Code |  |
| MANAGER  | BRIAN FOSTER | PO BOX 284   | GRANGEVILLE | ID   | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 54164</b>   |              | 6. Annual Report must be signed.*<br>Signature: Brian Foster<br>Name (type or print): Brian Foster<br>Date: 08/20/2009<br>Title: Manager |             |  |         |             |  |
| Processed 08/20/2009   |              | * Electronically provided signatures are accepted as original signatures.  |             |  |         |             |  |