

|                                                                                                                                                        |            |                                                                                                                                                  |               |                                                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------|---------------------|
| No. <b>W 50912</b>                                                                                                                                     |            | Due no later than May 31, 2009<br><b>Annual Report Form</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>DUSTY ROSE INN, LLC<br>JON D SOWERS<br>815 N 3RD E<br>MOUNTAIN HOME ID 83647<br>USA |               | JON SOWERS<br>815 N 3RD E<br>MOUNTAIN HOME ID 83647 |                     |
|                                                                                                                                                        |            |                                                                                                                                                  |               | 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 |
| MEMBER                                                                                                                                                 | JON SOWERS | 815 N 3RD E                                                                                                                                      | MOUNTAIN HOME | ID                                                  | USA 83647           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 50912</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Jon D Sowers<br>Name (type or print): Jon D Sowers<br>Date: 06/04/2009<br>Title: Co-Owner        |               |                                                     |                     |
| Processed 06/04/2009                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                        |               |                                                     |                     |