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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 23623</b>                                                                                                                                     |                    | <b>Due no later than Apr 30, 2010</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ANDERSON NORTHWEST, LLC<br>MARTIN A ANDERSON<br>2006 BIRCH AVE<br>LEWISTON ID 83501 |            | MARTIN ANDERSON<br>2006 BIRCH AVE<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                       |            | 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                                                                                                                                                | JESSICA L ANDERSON | 12512 S. WEGER ROAD                                                                                                                                                                   | VALLEYFORD | WA                                                     | USA     | 99036       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23623</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Martin A. Anderson<br>Name (type or print): Martin A. Anderson<br>Date: 02/22/2010<br>Title: Member/Agent                             |            |                                                        |         |             |  |
| Processed 02/22/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                             |            |                                                        |         |             |  |