

No. W 14609		Due no later than Mar 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HIGHMARK LLC KLADE G WILLIAMS 502 E 300 S BURLEY ID 83318 USA		KLADE WILLIAMS 1223 DESERT VIEW DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KLADE WILLIAMS	Street or PO Address 502 E 300 S		City BURLEY	State ID	Country USA	Postal Code 83318
5. Organized Under the Laws of: ID W 14609		6. Annual Report must be signed.* Signature: Klade Williams Name (type or print): Klade Williams Date: 01/20/2008 Title: Member					
Processed 01/20/2008 * Electronically provided signatures are accepted as original signatures.							