

No. W 20554		Due no later than Aug 31, 2010 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. HOWELL GP, LLC BILL HOWELL 4665 ENTERPRISE ST BOISE ID 83705		WILLARD W HOWELL 4665 ENTERPRISE ST BOISE ID 83705			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	WILLARD W HOWELL	3875 TRIPLE RIDGE LN	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 20554		6. Annual Report must be signed.* Signature: Bill Howell Name (type or print): Bill Howell					
		Date: 06/30/2010 Title: Member					
Processed 06/30/2010 * Electronically provided signatures are accepted as original signatures.							