

|  |                     |   |         |  |                     |
|--|---------------------|---|---------|--|---------------------|
| No. <b>W 35645</b>   |                     | Due no later than Jan 31, 2007  |         | 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>KHYBER PASS, L.L.C.<br>CHARLES H WEAVER<br>PO BOX 724<br>KETCHUM ID 83340 |         | NATIONAL REGISTERED AGENTS<br>1423 TYRELL LN<br>BOISE ID 83706 |                     |
|  |                     |   |         | 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   | CHARLES H WEAVER MD | PO BOX 724  | KETCHUM | ID   | 83340               |
| 5. Organized Under the Laws of:<br><br><b>DELAWARE<br/>W 35645</b>   |                     | 6. Annual Report must be signed.*<br>Signature: Charles H Weaver<br>Name (type or print): Charles H Weaver<br>Date: 02/08/2007<br>Title: Managing Member                    |         |  |                     |
| Processed 02/08/2007   |                     | * Electronically provided signatures are accepted as original signatures.   |         |  |                     |