No. <b>W 52690 Due no later than Jul 31, 2011</b>		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	JOHN H KIRK				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		135 CEDAR STREET PRIEST RIVER ID 83856			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PRIEST RIVER FAMILY OIL, LLC JOHN KIRK PO BOX 1962	PRIEST RIVER ID 03030				
	PRIEST RIVER ID 83856	3. New Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Na	ames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER SHEILA KIR	IK 5503 E SHORELINE DR	POST FALLS	ID	USA	83854	
MANAGER JOHN H KI	RK 5503 E SHORELINE DR	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: John H Kirk	Date: 05/23/2011				
W 52690	Name (type or print): John H Kirk	Title: Manager				
Processed 05/23/2011	* Electronically provided signatures are accepted as original signatures.					