

No. W 16592	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JERRY KEULMAN 4831 SKYLINE DR EAGLE, ID 83616													
	KEULMAN INVESTORS, LLC 4831 SKYLINE DR EAGLE, ID 83616		3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members.																
<table border="1"><thead><tr><th data-bbox="165 367 297 399">Office held</th><th data-bbox="330 367 396 399">Name</th><th data-bbox="569 367 801 399">Street or P.O. Address</th><th data-bbox="1032 367 1082 399">City</th><th data-bbox="1214 367 1280 399">State</th><th data-bbox="1371 367 1420 399">Zip</th></tr></thead><tbody><tr><td data-bbox="156 409 305 451">DIRECTOR</td><td data-bbox="338 409 586 451">JERRY KEULMAN</td><td data-bbox="611 399 867 441">4831 SKYLINE DR</td><td data-bbox="933 399 1049 441">EAGLE</td><td data-bbox="1181 399 1247 441">ID</td><td data-bbox="1346 399 1462 441">83616</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	DIRECTOR	JERRY KEULMAN	4831 SKYLINE DR	EAGLE	ID	83616
Office held	Name	Street or P.O. Address	City	State	Zip											
DIRECTOR	JERRY KEULMAN	4831 SKYLINE DR	EAGLE	ID	83616											
5. Organized Under the Laws of: IDAHO W 16592		6. Signature <u><i>Jerry Keulman</i></u> Date <u>7/15/07</u> Name (Typed or Printed) <u>JERRY KEULMAN</u> Title <u>DIRECTOR</u>														

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