

No. W 4158	Due no later than June 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX LESLIE PARKINSON 3641 E ELSWOOD DR IDAHO FALLS, ID 83402												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LONG SHOT INVESTMENTS, L.L.C. LESLIE PARKINSON 3641 E ELSWOOD DR IDAHO FALLS, ID 83402	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Managing Member</td> <td style="vertical-align: top;">Leslie Parkinson</td> <td style="vertical-align: top;">3641 E. Elswood Dr.</td> <td style="vertical-align: top;">Idaho Falls,</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83402</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing Member	Leslie Parkinson	3641 E. Elswood Dr.	Idaho Falls,	ID	83402
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Managing Member	Leslie Parkinson	3641 E. Elswood Dr.	Idaho Falls,	ID	83402									
5. Organized Under the Laws of: IDAHO W 4158	6. Signature <u><i>Leslie Parkinson</i></u> Date <u>4/11/2006</u> Name (Typed or Printed) _____ Title _____													

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Do Not Tape or Staple

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