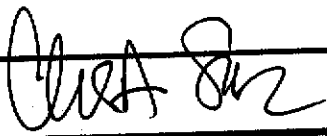


No. W 14685		Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHRISTOPHER A SCHATZ 661 EL DORADO LN HAILEY ID 83333	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. FOXMOOR, L.L.C. PO BOX 2691 KETCHUM ID 83340		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT MANAGER	CHRIS SCHATZ	P.O. BOX 2691	KETCHUM	ID	HAILEY 83333
5. Organized Under the Laws of: IDAHO W 14685		6. Signature: 		Date: 3/4/10	
		Name (type or print): CHRIS A. SCHATZ		Title: MANAGER	
Issued 03/01/2010 by KAH					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the