

No. W 32090	Due no later than Jul 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. SNOWED-INN LLC JOEL D PHILLIPS PO BOX 2986 POCATELLO ID 83206-2986		JOEL D PHILLIPS 139 S 11TH POCATELLO ID 83201			
			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	JOEL D PHILLIPS	538 PHEASANT RIDGE DR APT C	POCATELLO	ID	USA	83206
MEMBER	SCOTT E PORTER	343 N 10TH AVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 32090		6. Annual Report must be signed.* Signature: Joel Phillips Name (type or print): Joel Phillips Date: 05/26/2008 Title: Member				
Processed 05/26/2008		* Electronically provided signatures are accepted as original signatures.				