

No. W 79637	Due no later than Dec 31, 2009 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. BORDER COLLIE, LLC TIM BURKE PO BOX 2536 EAGLE ID 83616	TIM BURKE 4941 N MEANDER PL EAGLE ID 83616				
		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	TIM J BURKE	PO BOX 2536	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 79637	6. Annual Report must be signed.* Signature: Tim Burke Name (type or print): Tim Burke		Date: 11/17/2009 Title: Member			
Processed 11/17/2009		* Electronically provided signatures are accepted as original signatures.				