

No. W 26774		Due no later than Nov 30, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM SCROGGINS 58265 CEDAR POINT DR ROGERSON ID 83302		
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. SACRED SOURCE, LLC 58265 CEDAR POINT DR ROGERSON ID 83302		3. New Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Manager/Member Name Street or PO Address City State Country Postal Code MANAGER Chris Adams 58265 Cedar Point Dr Rogerson Idaho America 83302 MANAGER Virginia Canfield 5840 Manfield Ave Rogerson Idaho America 83302 MANAGER Tom Scroggins 58265 Cedar Point Dr Rogerson Idaho America 83302						
5. Organized Under the Laws of: IDAHO W 26774		6. Signature: <u>Tom Scroggins</u> Date: 11-13-10 Name (type or print): <u>Tom Scroggins</u> Title: <u>Manager</u>				
Issued 11/10/2010 by CLH 104532						

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.