

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. <u>New</u> 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 Canadeno	5840 Manfred Ave	Rogerson Idaho America 83302
manager	Tom Scroggins	58265 Cedar Point Dr	Rogerson Idaho America 83302
5. Organized Under the Laws of:		6.	
IDAHO W 26774		Signature: <u>Tom Scroggins</u>	Date: <u>11-13-10</u>
		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. Make sure to use the correct mailing address.