No. W 73945		Due no later than May 31, 2011 2. Registered Agent and Address (NO PO BOX)						
Return to:		4 Mailine	Annual Report Form	145 111 110 177	SPARR MCKNIGHT 145 N HWY 75			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MCKNIGHT ENTERPRISE, LLC SPARR MCKNIGHT PO BOX 607 SHOSHONE ID 83352 USA		SHOSHONE 1	SHOSHONE ID 83352 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addres	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SPARR MCKNIGHT		PO BOX 607	SHOSHONE	ID	USA	83352	
MEMBER	TIM MCKNIG		PO BOX 607	SHOSHONE	ID	USA	83352	
MEMBER DEBBIE MCKNIGHT			PO BOX 607	SHOSHONE	ID	USA	83352	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: S	Sparr McKnight		Date: 04/26/2011			
W 73945		Name (type		Title: Member				
rocessed 04/26/2011 * Electronically provided signatures are accepted as original signatures.								