

|                                                                                                                                                        |                 |                                                                                                                                                                                      |        |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 52500</b>                                                                                                                                     |                 | <b>Due no later than Jul 31, 2009</b>                                                                                                                                                |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HORSESHOE CANYON ACCOUNTING, LLC<br>MISSY COLYER<br>PO BOX 1023<br>DRIGGS ID 83422 |        | MISSY D BARNES<br>200 W LITTLE AVE<br>DRIGGS ID 83422 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                      |        | 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                                                                                                                                                 | MISSY D BARNES  | 200 W LITTLE AVE                                                                                                                                                                     | DRIGGS | ID                                                    | USA     | 83422       |  |
| MEMBER                                                                                                                                                 | KELLY K CHIRCOP | 84 WILD CAT CANYON RD                                                                                                                                                                | DRIGGS | ID                                                    | USA     | 83422       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 52500</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Missy Colyer<br>Name (type or print): Missy Colyer<br>Date: 06/01/2009<br>Title: Owner                                               |        |                                                       |         |             |  |
| Processed 06/01/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                            |        |                                                       |         |             |  |