

No. W 73693	Due no later than Apr 30, 2010 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.		RAY GOODMAN 317 MAIN ST GOODING ID 83330			
	ODYSSEY PROPERTIES, LLC DR.RAYMOND C GOODMAN 317 MAIN ST GOODING ID 83330 USA		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	RAY GOODMAN	317 MAIN ST	GOODING	ID	USA	83330
MEMBER	LORI GOODMAN	317 MAIN ST	GOODING	ID	USA	83330
5. Organized Under the Laws of: ID W 73693	6. Annual Report must be signed.* Signature: Dr.Raymond Goodman Name (type or print): Dr.Raymond Goodman		Date: 02/10/2010 Title: Member			
Processed 02/10/2010		* Electronically provided signatures are accepted as original signatures.				