

No. W 35241		Due no later than Dec 31, 2009 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		1. Mailing Address: Correct in this box if needed. SIMPSON LEASING, LLC JENNY J TROCK PO BOX 363 OROFINO ID 83544 USA		LONNIE E SIMPSON 217 COLLEGE AVE STE 5 OROFINO ID 83544			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LONNIE E SIMPSON	4569 CAVENDISH HWY	OROFINO	ID	USA	83544	
MEMBER	SHANNON D SIMPSON	4569 CAVENDISH HWY	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: ID W 35241		6. Annual Report must be signed.* Signature: Lonnie E. Simpson Name (type or print): Lonnie E. Simpson					
		Date: 10/19/2009 Title: Member					
Processed 10/19/2009		* Electronically provided signatures are accepted as original signatures.					