No. <b>W 35224</b>		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		1005 00700	TRAVIS J MICHAELSON 1035 OCTOBER COVE SHELLEY ID 83274			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOONDOX BUTTE, LLC TRAVIS J MICHAELSON 1035 OCTOBER COVE		SHELLEY ID				
NO FILING FEE IF RECEIVED BY DUE DATE		SHELLEY ID 83274-5068 USA		3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Nar	nes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER			1035 OCTOBER COVE 4533 VICTORY	SHELLEY CHUBBUCK	ID ID	USA USA	83274 83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 35224		Signature: Travis J. Michaelson Date: 10/10/2007						
		Name (type or		Title: Member				
Processed 10/10/2007 * Electronically provided signatures are accepted as original signatures.								