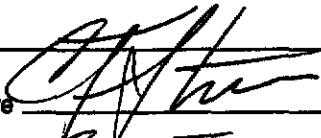


| | | | |
|---|---|--|---|
| No. W 71878 | Due no later than February 28, 2009 Annual Report Form | | 2. Registered Agent and Office NO PO BOX |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable | | CHRIS STEVENSON 1162 EASTLAND DRIVE NORTH TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature |
| | WESTPORT INSURANCE & CONSULTING, LL PO BOX 5694 TWIN FALLS, ID 83301 | | |

4. Limited Liability Companies: Enter Names and Addresses of Members.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-----------------|-------------------------------|-------------|--------------|------------|
| WGR/Member | CHRIS STEVENSON | PO Box 5694 | TWIN FALLS | ID | 83303 |

| | |
|---|---|
| 5. Organized Under the Laws of: IDAHO W 71878 | 6.  Signature _____ Date 1/20/09 Name (Typed or Printed) CHRIS STEVENSON Title WGR |
|---|---|