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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 72396</b>                                                                                                                                     |                   | <b>Due no later than Mar 31, 2010</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>                                                                                                                       |         | RHONDA L PEDERSON<br>111-143 ST N<br>OROFINO ID 83544 |         |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>WAYMAKER ENTERPRISES. LLC<br>RHONDA L PEDERSON<br>111-143 ST N<br>OROFINO ID 83544 |         | 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 |  |
| MANAGER                                                                                                                                                | RHONDA L PEDERSON | 111-143 ST N                                                                                                                                    | OROFINO | ID                                                    | USA     | 83544       |  |
| MANAGER                                                                                                                                                | JOHN H PEDERSON   | 111-143 ST N                                                                                                                                    | OROFINO | ID                                                    | USA     | 83544       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72396</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: John H pederson<br>Name (type or print): John H pederson<br>Date: 03/06/2010<br>Title: Manager  |         |                                                       |         |             |  |
| Processed 03/06/2010                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                       |         |                                                       |         |             |  |