No. W 47115		D	ue no later than Feb 28, 2010	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BROKEN RIDGE PARTNERS, LLC CHAD LONGSON 827 S BRIDGEWAY PLACE STE 110 EAGLE ID 83616		CHAD LONGSON 827 S BRIDGEWAY PLACE STE 110 EAGLE ID 83616 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar								
Office Held	Name	nes and Address	Street or PO Address	City	State	Country	Postal Code	
	AGER CHAD LONGSON		827 S BRIDGEWAY PLACE STE 110 533 E RIVERSIDE DR STE 100	EAGLE EAGLE	ID ID	USA USA	83616 83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 47115		Signature: C	had Longson	Date: 12/16/2009				
		Name (type o	or print): Chad Longson	Title: Manager				
Processed 12/16/2009	Processed 12/16/2009 * Electronically provided signatures are accepted as original signatures.							