| No. W 57353 | | | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|----------|---------|-------------|--|
| Return to: | | Annual Report Form | | TOM MORRIS | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SHADOW VALLEY MANAGEMENT LLC TOM C MORRIS 12426 W. EXPLORER DRIVE SUITE 220 BOISE ID 83713 USA | | 7000 W STATE ST BOISE ID 83714 3. New Registered Agent Signature:* | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held Na | ame | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER KASTERA DEVE | | VELOPMENT LLC | 12426 W. EXPLORER DRIVE SUITE 220 | 0 BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must b | | Data: 11 | /17/2000 | | | |
| ID W 57353 | | Signature: Tom C. Morris | | Date: 11/17/2008 | | | | |
| | | Name (type or print): | Title: Attorney | | | | | |
| Processed 11/17/2008 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |