

No. W 66602	Due no later than September 30, 2008 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		JAMES O CROCKETT 8717 HWY 12 KOOSKIA, ID 83539													
	J. CROCKETT CONSULTING, LLC 8717 HWY 12 KOOSKIA, ID 83539															
3. <u>New</u> Registered Agent Signature																
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>JAMES CROCKETT</td> <td>8717 Highway 12</td> <td>KOOSKIA</td> <td>ID</td> <td>83539</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	JAMES CROCKETT	8717 Highway 12	KOOSKIA	ID	83539
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MANAGER	JAMES CROCKETT	8717 Highway 12	KOOSKIA	ID	83539											
5. Organized Under the Laws of: IDAHO W 66602		6. Signature <u>James O. Crockett</u> Date <u>7/26/08</u> Name (Typed or Printed) <u>JAMES O. CROCKETT</u> Title <u>Manager</u>														