

|                                                                                                                                                        |                |                                                                                                                                                                     |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 56040</b>                                                                                                                                     |                | Due no later than Nov 30, 2009                                                                                                                                      |        | 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BAKE ENTERPRISES, LLC<br>GARY BAKE<br>PO BOX 26<br>MALTA ID 83342 |        | GARY S BAKE<br>45 S MAIN<br>MALTA ID 83342         |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                     |        | 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 |  |
| MEMBER                                                                                                                                                 | DAVID W BAKE   | 6540 ALLEN RD                                                                                                                                                       | FALLON | NV                                                 | USA     | 89406       |  |
| MEMBER                                                                                                                                                 | CAROLYN M BAKE | 6540 ALLEN RD                                                                                                                                                       | FALLON | NV                                                 | USA     | 89406       |  |
| MEMBER                                                                                                                                                 | GARY S BAKE    | 45 S MAIN                                                                                                                                                           | MALTA  | ID                                                 | USA     | 83342       |  |
| MEMBER                                                                                                                                                 | VALERIE BAKE   | 45 S MAIN                                                                                                                                                           | MALTA  | ID                                                 | USA     | 83342       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 56040</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Gary S Bake<br>Name (type or print): Gary S Bake<br><br>Date: 10/06/2009<br>Title: Member                           |        |                                                    |         |             |  |
| Processed 10/06/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                           |        |                                                    |         |             |  |