

No. W 79631	Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. MASTIFF, LLC TIMOTHY J BURKE PO BOX 2536 EAGLE ID 83616 USA		TIM BURKE 4941 N MEANDER PL EAGLE ID 83616			
			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	TIMOTHY J BURKE	PO BOX 2536	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 79631		6. Annual Report must be signed.* Signature: Timothy J Burke Name (type or print): Timothy J Burke		Date: 12/15/2009 Title: Sole Member		
Processed 12/15/2009		* Electronically provided signatures are accepted as original signatures.				