

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>W 65602</b>   | <b>Due no later than Aug 31, 2010</b><br><b>Annual Report Form</b>   |   | 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>1. Mailing Address: Correct in this box if needed.</b>  |   | JAMES ROBERT FAIRGRIEVE<br>4681 N HIGH PRAIRIE PLACE<br>STAR ID 83669 |       |         |             |
|  | LJF L.L.C.<br>JAMES R FAIRGRIEVE<br>4681 N HIGH PRAIRIE PLACE<br>STAR ID 83669                                 |   | 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   | JAMES R FAIRGRIEVE   | 4681 NORTH HIGH PRAIRIE PACE  | STAR  | ID    | USA     | 83669       |
| MEMBER   | LORI A FAIRGRIEVE  | 4681 NORTH HIGH PRAIRIE PLACE   | STAR  | ID    | USA     | 83669       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 65602</b>   | 6. Annual Report must be signed.*<br>Signature: James R Fairgrieve<br>Name (type or print): James R Fairgrieve |   | Date: 06/28/2010<br>Title: Member                                     |       |         |             |
| Processed 06/28/2010   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |