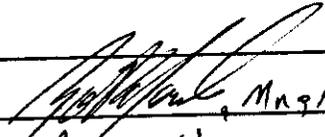


No. W 44703	Due no later than November 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																																				
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable YOUBE/THREE FORKS LLC ROBERT YOUBE PO BOX 1637 MCCALL, ID 83638		ROBERT YOUBE 1210 SAMSON TRAIL MCCALL, ID 83638 3. New Registered Agent Signature _____																																				
4. Limited Liability Companies: Enter Names and Addresses of Members.																																							
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Robert Youde</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Managing Member</td> <td>Robert Youde</td> <td>PO 1637</td> <td>McCall ID</td> <td>IDAHO</td> <td>83638</td> </tr> <tr> <td>Member</td> <td>Linda Youde</td> <td>PO 1637</td> <td>McCall ID</td> <td>IDAHO</td> <td>83638</td> </tr> <tr> <td>Member</td> <td>Blake Youde</td> <td>2007 St Clair</td> <td>St Louis</td> <td>MO</td> <td>63144</td> </tr> <tr> <td>Member</td> <td>Heike Youde</td> <td>2007 St Clair</td> <td>St Louis</td> <td>MO</td> <td>63144</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	Robert Youde						Managing Member	Robert Youde	PO 1637	McCall ID	IDAHO	83638	Member	Linda Youde	PO 1637	McCall ID	IDAHO	83638	Member	Blake Youde	2007 St Clair	St Louis	MO	63144	Member	Heike Youde	2007 St Clair	St Louis	MO	63144			
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5. Organized Under the Laws of: IDAHO W 44703	6. Signature  Managing Member Date <u>9/22/08</u> Name (Typed or Printed) <u>ROBERT YOUBE</u> Title <u>Managing Member</u>																																						

Issued 09/02/2008

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