

No. W 64653	Due no later than Jul 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. PINE CREKE, LLC 3374 WOODLAND NEW MEADOWS ID 83654		HARLA MATTOX 3374 WOODLAND NEW MEADOWS ID 83654			
			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
MANAGER	HARLA MATTOX	3374 WOODLAND	NEW MEADOWS	ID	USA	83654
MANAGER	MARLINE MATTOX	3374 WOODLAND	NEW MEADOWS	ID	USA	83654
5. Organized Under the Laws of: ID W 64653	6. Annual Report must be signed.* Signature: Harla Mattox Name (type or print): Harla Mattox		Date: 07/31/2009 Title: Manager			
Processed 07/31/2009		* Electronically provided signatures are accepted as original signatures.				