

|  |                   |  |       |  |         |             |  |
|--|-------------------|--|-------|--|---------|-------------|--|
| No. <b>W 28308</b>   |                   | <b>Due no later than Jan 31, 2010</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>Annual Report Form</b>  |       | CALVIN KINGHORN<br>426 N 3700 E<br>RIGBY ID 83442  |         |             |  |
|  |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>KINGHORN EQUIPMENT LLC<br>CALVIN KINGHORN<br>426 N 3700 E<br>RIGBY ID 83442       |       | 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  | CALVIN KINGHORN   | 426 N 3700 E   | RIGBY | ID   | USA     | 83442       |  |
| MANAGER  | KATHLEEN KINGHORN | 426 N 3700 E   | RIGBY | ID   | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 28308</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Calvin Kinghorn<br>Name (type or print): Calvin Kinghorn<br>Date: 12/14/2009<br>Title: Manager |       |  |         |             |  |
| Processed 12/14/2009   |                   | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |