

No. W 5130	Due no later than 12/31/2009 Annual Report Form		2. Registered Agent and Address (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 needed.		ERMA L FERGUSON 519 PINE LN HOPE ID 83836	
	FERGUSON FAMILY LIMITED COMPANY PO BOX 92 HOPE ID 83836		3. New 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 Zip
MANAGER	ERMA L. FERGUSON	PO BOX 92	HOPE	Id 83836
5. Organized Under the Laws of: ID W 5130		6. Annual Report must be signed		
		Signature: <u>ERMA L. FERGUSON</u>	Date: <u>11-1-09</u>	
		Name(type or print): <u>ERMA L. FERGUSON</u>	Title: <u>MANAGER</u>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM