

|                                                                                                                                                        |                |                                                                                                                                                                               |          |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 60305</b>                                                                                                                                     |                | <b>Due no later than Mar 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>J & B LOGGING LLC<br>BETTY SORENSON<br>2110 GRELLE AVE<br>LEWISTON ID 83501 |          | BETTY SORENSON<br>2110 GRELLE AVE<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                               |          | 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                                                                                                                                                | BETTY SORENSON | 2110 GRELLE AVE                                                                                                                                                               | LEWISTON | ID                                                     | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 60305</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Betty Sorenson<br>Name (type or print): Betty Sorenson<br>Date: 01/14/2010<br>Title: Manager                                  |          |                                                        |         |             |  |
| Processed 01/14/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                     |          |                                                        |         |             |  |