

|                                                                                                                                                        |                |                                                                                                                                                                            |          |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 8334</b>                                                                                                                                      |                | <b>Due no later than Mar 31, 2009</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>SWAMPHOG LLC<br>DAVID R RISLEY<br>1106 IDAHO STREET<br>LEWISTON ID 83501 |          | DAVID R RISLEY<br>1106 IDAHO STREET<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                                                                                                                                                | DAVID R RISLEY | 1106 IDAHO STREET                                                                                                                                                          | LEWISTON | ID                                                       | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 8334</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: David R. Risley<br>Name (type or print): David R. Risley                                                                   |          |                                                          |         |             |  |
|                                                                                                                                                        |                | Date: 01/13/2009<br>Title: Manager                                                                                                                                         |          |                                                          |         |             |  |
| Processed 01/13/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                  |          |                                                          |         |             |  |