| No. W 2879 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Sep 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. COOPER NORMAN, CERTIFIED PUBLIC ACCOUNTANTS, A PROFESSIONAL LIMITED LIABILITY RONALD L BELLISTON P O BOX 5399 TWIN FALLS ID 83303-5399 | | 2. Registered Agent and Address (NO PO BOX) RONALD L BELLISTON 155 SECOND AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | | | | | | | | | |
|--|------------------------------------|---|--|---|----------|------------|----------------|----------------------------|-----------------|-------------------|------------------------------------|------|-------|---------|-------------|
| | | | | | | | | 4. Limited Liability Compa | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | |
| | | | | | | | | Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MEMBER MANAGER | SCOTT E PLEW RONALD L BELLISTON | | 722 NORTH COLLEGE P.O. BOX 5399 722 NORTH COLLEGE P.O. BOX 5399 | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301 83301 | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | | | | | | | |
| ID | | Signature: Ronald L Belliston Date: 10/07/2010 | | | | | | | | | | | | | |
| W 2879 | | Name (type or print): Ronald L Belliston | | Title: Managing Member | | | | | | | | | | | |
| Processed 10/07/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | | | | | | | |