

|                                                                                                                                                        |               |                                                                                    |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 71385</b>                                                                                                                                     |               | <b>Due no later than Feb 28, 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>                                                          |         | TROY THURGOOD<br>81 E 3500 N<br>REXBURG ID 83440   |         |                  |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                          |         | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
|                                                                                                                                                        |               | THURGOOD BUSINESS SERVICES LLC<br>TROY THURGOOD<br>81 E 3500 N<br>REXBURG ID 83440 |         |                                                    |         |                  |  |
| 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                                                                                                                                                | TROY THURGOOD | 81 E 3500 N                                                                        | REXBURG | ID                                                 | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                  |         |                                                    |         |                  |  |
| <b>ID<br/>W 71385</b>                                                                                                                                  |               | Signature: Troy Thurgood                                                           |         |                                                    |         | Date: 12/17/2009 |  |
|                                                                                                                                                        |               | Name (type or print): Troy Thurgood                                                |         |                                                    |         | Title: Manager   |  |
| Processed 12/17/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.          |         |                                                    |         |                  |  |