

No. W 53526	Due no later than August 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX ROBERT LUCAS HOPKINS 610 ALMON ST #140 MOSCOW, ID 83843 815 N 2ND ST COEUR D'ALENE, ID 83814												
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 applicable PLUM CRAZY PRODUCTIONS, LLC ROBERT LUCAS HOPKINS 610 ALMON ST #140 MOSCOW, ID 83843 815 N 2ND ST COEUR D'ALENE, ID 83814	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>ROBERT LUCAS HOPKINS</td> <td>815 N 2ND ST</td> <td>COEUR D'ALENE,</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER	ROBERT LUCAS HOPKINS	815 N 2ND ST	COEUR D'ALENE,	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
OWNER	ROBERT LUCAS HOPKINS	815 N 2ND ST	COEUR D'ALENE,	ID	83814									
5. Organized Under the Laws of: IDAHO W 53526		6. Signature <u>Robert Lucas Hopkins</u> Date <u>6-8-07</u> Name <small>(Typed or Printed)</small> <u>ROBERT LUCAS HOPKINS</u> Title <u>OWNER</u>												