

No. C 123595		Due no later than Apr 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SNAKE RIVER 4X4, INC. THOMAS L HOWELL 4275 E 1400 N ASHTON ID 83420		THOMAS L HOWELL 4275 E 1400 N ASHTON ID 83420			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KARLA M HOWELL	4275 E. 1400 N.	ASHTON,	ID	USA	83420-5405	
5. Organized Under the Laws of: ID C 123595		6. Annual Report must be signed.* Signature: Karla M. Howell Name (type or print): Karla M. Howell			Date: 02/22/2009 Title: Director		
Processed 02/22/2009		* Electronically provided signatures are accepted as original signatures.					