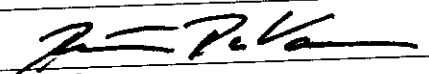


No. W 32975	Due no later than September 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SAGELANDS, LLC PETER DEVORE 964 N ECHOHAWK WAY EAGLE, ID 83616		PETER DEVORE 964 N ECHOHAWK WAY EAGLE, ID 83616 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Peter DeVore</td> <td>964 N. Echohawk Way</td> <td>Eagle</td> <td>ID</td> <td>83616</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>	Manager	Peter DeVore	964 N. Echohawk Way	Eagle	ID	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Peter DeVore	964 N. Echohawk Way	Eagle	ID	83616											
5. Organized Under the Laws of: IDAHO W 32975	6. Signature  Date <u>9/28/05</u> Name (Typed or Printed) <u>Peter DeVore</u> Title <u>Manager</u>															

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Issued 07/05/2005

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