No. **W 56597**	**Due no later than Nov 30, 2009**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** P CROSS RANCH, LLC SCOTT MCAFFEE 4748 OLD LOOP RD MACKAY ID 83251	SCOTT MCAFFEE 4748 OLD LOOP RD MACKAY ID 83251 3. New Registered Agent Signature:*

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	SCOTT MCAFFEE	4748 OLD LOOP RD	MACKAY	ID	USA	83251
MANAGER	GAIL MCAFFEE	4748 OLD LOOP RD	MACKAY	ID	USA	83251

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56597**	Signature: Scott McAffee	Date: 10/15/2009
	Name (type or print): Scott McAffee	Title: Manager

Processed 10/15/2009

* Electronically provided signatures are accepted as original signatures.