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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|
| No. <b>W 834</b>                                                                                                                                       |               | <b>Due no later than Jan 31, 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAIN STREET INVESTMENTS, L.C.<br>DEE LON JONES<br>976 E MAIN ST<br>BURLEY ID 83318 |        | DEE LON JONES<br>976 E MAIN ST.<br>BURLEY ID 83318 |         |
|                                                                                                                                                        |               |                                                                                                                                                                                      |        | 3. <u>New</u> 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 |
| MEMBER                                                                                                                                                 | DAVID R PRICE | 514 RIVERSIDE DR.                                                                                                                                                                    | BURLEY | ID                                                 | USA     |
| Postal Code 83318                                                                                                                                      |               |                                                                                                                                                                                      |        |                                                    |         |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 834</b>                                                                                             |               | 6. Annual Report must be signed.*<br>Signature: Dee L. Jones<br>Name (type or print): Dee L. Jones<br>Date: 11/09/2009<br>Title: Ptr                                                 |        |                                                    |         |
| Processed 11/09/2009                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                            |        |                                                    |         |