| No. <b>W 58803</b><br>Return to:                                                               |                | Due no later than Feb 28, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MORNING DAWN, LLC JAMES W KISER PO BOX 190718 BOISE ID 83719 |                            |                     | 2. Registered Agent and Address (NO PO BOX)  JAMES W KISER 619 QUEENS GUARD WAY BOISE ID 83709  3. New Registered Agent Signature:* |         |             |  |
|------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                        |                |                                                                                                                                                                     |                            | 619 QUE<br>BOISE II |                                                                                                                                     |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                       |                |                                                                                                                                                                     |                            |                     |                                                                                                                                     |         |             |  |
| 4. Limited Liability Compa                                                                     | nies: Enter Na | nes and Addresses of at le                                                                                                                                          | ast one Member or Manager. |                     |                                                                                                                                     |         |             |  |
| Office Held                                                                                    | Name           |                                                                                                                                                                     | Street or PO Address       | City                | State                                                                                                                               | Country | Postal Code |  |
| MANAGER                                                                                        | JAMES W KISER  |                                                                                                                                                                     | 619 QUEENS GUARD WAY       | BOISE               | ID                                                                                                                                  | USA     | 83709       |  |
| 5. Organized Under the Laws of:                                                                |                | 6. Annual Report must be signed.*                                                                                                                                   |                            |                     |                                                                                                                                     |         |             |  |
| ID                                                                                             |                | Signature: James W Ki                                                                                                                                               |                            | Date: 12/21/2009    |                                                                                                                                     |         |             |  |
| W 58803                                                                                        |                | Name (type or print): J                                                                                                                                             |                            | Title: Manager      |                                                                                                                                     |         |             |  |
| Processed 12/21/2009 * Electronically provided signatures are accepted as original signatures. |                |                                                                                                                                                                     |                            |                     |                                                                                                                                     |         |             |  |