	Due no later than January 31, 2009	2. Registered Agent and Office NO PO BOX
No. Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box, if applicable and the second se	CHRIS R STEPHENS 270 NORTHWOOD WAY STE 205 KETCHUM, ID 83340
		3. New Registered Agent Signature
RECEIVED BY DUE DATE 4. Limited Liability Comp	anies: Enter Names and Addresses of Managers	S. City <u>State</u> <u>Zip</u>
Miniger 5B Thises	tments, Inc. Pobox 1065 S	State State P3353
Office hold Name Numuger 5B Inves	street or P.O. Address +ments, Inc. Pobox 1065 S	Sunvilley ID 83353
Office held Name Name 5 B Thyles 5 Organized Under the Laws of: IDAHO W 10789	Street or P.O. Address Hments, Inc. Po Box 1065 Signature Grand or	Date 11.12.08 Title