

|                                                                                                                                                        |              |                                                                                                                                                                                  |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 68823</b>                                                                                                                                     |              | <b>Due no later than Nov 30, 2009</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>BRACKET HD, LLC<br>JULIE E HANSEN<br>HC 63 BOX 1807<br>CHALLIS ID 83226<br>USA |         | JULIE HANSEN<br>HC 63 BOX 1807<br>CHALLIS ID 83226 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                  |         | 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 | Postal Code |  |
| MANAGER                                                                                                                                                | JULIE HANSEN | HC 63 BOX 1807                                                                                                                                                                   | CHALLIS | ID                                                 | USA     | 83226       |  |
| 5. Organized Under the Laws of:<br><br><b>W 68823</b>                                                                                                  |              | 6. Annual Report must be signed.*<br>Signature: Julie Hansen<br>Name (type or print): Julie Hansen<br>Date: 10/12/2009<br>Title: Llc Mgr                                         |         |                                                    |         |             |  |
| Processed 10/12/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                        |         |                                                    |         |             |  |