

No. W 62464	Due no later than May 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX KIMBERLY A TAYLOR 137 AUDUBON PL HAILEY, ID 83333												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address * Correct in this box, if applicable PRECISION KITCHEN PRODUCTS, LLC PO BOX 6719 KETCHUM, ID 83340	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Member</td> <td style="vertical-align: top;">Kimberly Taylor</td> <td style="vertical-align: top;">PO. Box 6719</td> <td style="vertical-align: top;">Ketchum,</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83340</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Kimberly Taylor	PO. Box 6719	Ketchum,	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Member	Kimberly Taylor	PO. Box 6719	Ketchum,	ID	83340									
5. Organized Under the Laws of: IDAHO W 62464	6. Signature <u>Kimberly Taylor</u> Date <u>3/10/08</u> Name (Typed or Printed) <u>KIMBERLY TAYLOR</u> Title <u>Member</u>													

Issued 03/03/2008

Do Not Tape or Staple

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