

|                                                                                                                                                        |                 |                                                                           |        |                                                          |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------|--------|----------------------------------------------------------|------------------|-------------|--|
| No. <b>W 14619</b>                                                                                                                                     |                 | <b>Due no later than Mar 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>                                                 |        | STEPHEN T BUSCH<br>2279 ARBORCREST RD<br>MOSCOW ID 83843 |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                 |        | 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                                                                                                                                                | STEPHEN T BUSCH | PO BOX 8188                                                               | MOSCOW | ID                                                       | USA              | 83843       |  |
| MANAGER                                                                                                                                                | DONNA J BUSCH   | PO BOX 8188                                                               | MOSCOW | ID                                                       | USA              | 83843       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                         |        |                                                          |                  |             |  |
| <b>ID<br/>W 14619</b>                                                                                                                                  |                 | Signature: S. T. Busch                                                    |        |                                                          | Date: 01/14/2010 |             |  |
|                                                                                                                                                        |                 | Name (type or print): S. T. Busch                                         |        |                                                          | Title: Manager   |             |  |
| Processed 01/14/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures. |        |                                                          |                  |             |  |