

No. W 40397		Due no later than Jun 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CORVUS LOGIC, LLC ROBERT B POULSEN P.O. BOX 50225 IDAHO FALLS ID 83405-0225		ROBERT B POULSEN 185 SOUTH CAPITAL IDAHO FALLS ID 83402			
				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	ROBERT B POULSEN	P.O. BOX 50225	IDAHO FALLS	ID	USA	83405	
MANAGER	SHERI L POULSEN	P.O. BOX 50225	IDAHO FALLS	ID	USA	83405-0225	
5. Organized Under the Laws of: ID W 40397		6. Annual Report must be signed.* Signature: Barbara Winters Name (type or print): Barbara Winters Date: 04/13/2009 Title: Accounting Assistant					
Processed 04/13/2009		* Electronically provided signatures are accepted as original signatures.					