

No. W 26266		Due no later than Oct 31, 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		1. Mailing Address: Correct in this box if needed. TWO FINGER KNIFE, LLC NORMAN F SCHENK 394 N WESTRIDGE DR IDAHO FALLS ID 83402		NORMAN F SCHENK 394 N WESTRIDGE DR 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	
MEMBER	NORMAN F SCHENK	394 N WESTRIDGE DR	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 26266		6. Annual Report must be signed.* Signature: Norman F. Schenk Name (type or print): Norman F. Schenk Date: 10/23/2009 Title: Owner					
Processed 10/23/2009		* Electronically provided signatures are accepted as original signatures.					