

No. W 25491		Due no later than Aug 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EVANS RANGE RECLAMATION, LLC JERRE EVANS 5050 BAILEY RD ARBON ID 83212 USA		JERRE L EVANS 5050 BAILEY RD ARBON ID 83212			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JERRE L EVANS	Street or PO Address 5050 BAILEY RD		City ARBON	State ID	Country USA	Postal Code 83212
5. Organized Under the Laws of: ID W 25491		6. Annual Report must be signed.* Signature: jERRE Evans Name (type or print): jERRE Evans Date: 09/14/2010 Title: Manager					
Processed 09/14/2010 * Electronically provided signatures are accepted as original signatures.							