| No. W 57200 Return to: | | Annual Report Form JOSEPH ANDREASEN 1. Mailing Address: Correct in this box if needed. L.L.L.C. JOSEPH ANDREASEN PO BOX 611 JOSEPH ANDREASEN SHOSHONE ID 83352 | | | 102 N RAIL ST W | | | |
|--|------------------|---|--------------------------------------|------------------|-----------------|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | SHOSHONE | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | JOSEPH ANDREASEN | | 103 N BEVERLY | SHOSHONE | ID | USA | 83352 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jos | | Date: 10/25/2009 | | | | |
| W 57200 | | Name (type or | | Title: Manager | | | | |
| Processed 10/25/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |