

|                                                                                                                                                        |                    |                                                                                                                                                                                     |       |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 14216</b>                                                                                                                                     |                    | <b>Due no later than Jan 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CENTRAL LINKS, L.L.C.<br>BART O CHRISTENSEN<br>1364 ANDERSEN RD<br>GRACE ID 83241 |       | BART O CHRISTENSEN<br>1364 ANDERSEN RD<br>GRACE ID 83241 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                     |       | 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                                                                                                                                                | BART O CHRISTENSEN | 1364 ANDERSEN RD                                                                                                                                                                    | GRACE | ID                                                       | USA     | 83241            |  |
| MANAGER                                                                                                                                                | CHERIE CHRISTENSEN | 1364 ANDERSEN RD                                                                                                                                                                    | GRACE | ID                                                       | USA     | 83241            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                                   |       |                                                          |         |                  |  |
| <b>ID<br/>W 14216</b>                                                                                                                                  |                    | Signature: Cherie Christensen                                                                                                                                                       |       |                                                          |         | Date: 11/16/2009 |  |
|                                                                                                                                                        |                    | Name (type or print): Cherie Christensen                                                                                                                                            |       |                                                          |         | Title: Manager   |  |
| Processed 11/16/2009                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                           |       |                                                          |         |                  |  |