

No. W 26266

Due no later than October 31, 2006  
Annual Report Form

2. Registered Agent and Office 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 applicable

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

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
RES.	NORMAN F SCHENK	394 N. WESTRIDGE DR.	IDAHO FALLS,	IDAHO	83402

5. Organized Under the Laws of:

IDAHO  
W 26266

6.

Signature

*N. Schenk*

Date

8-10-06

Name (Typed or Printed)

NORMAN F. SCHENK

Title

RES/OWNER