| No. W 54549 | | Due no later than Sep 30, 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AMANITA, LLC SHIRLEY M HICKS 490 E TRAILSIDE DR EAGLE ID 83616 USA | | | SHIRLEY HICKS 490 E TRAILSIDE DR EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | JACK I AND SHIRLEY M HICKS LIVI | | 490 E TRAILSIDE DR | | EAGLE | ID | USA | 83616 |
| MEMBER | | | ^{IG} 490 E TRAILSIDE DR | | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 54549 | | Signature: Shirley M Hicks | | | Date: 07/16/2009 | | | |
| | | Name (type or print): Shirley M Hicks | | | Title: Owner | | | |
| Processed 07/16/2009 | | Electronically provided signatures are accepted as original signatures. | | | | | | |