No. W 30958	Due no later than June 30, 2	2006		
Return to:	Annual Report Form	] 2.	Registered Agent and Office NO Po	OBOY
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable		AARON D. BLONOLIET	
700 WEST JEFFERSON	HAMMKON, L.L.C.	ii applicable 12	85 ABBIE RD 3355 Cloud ACKFOOT, ID 83221	
PO BOX 83720	AARON D BLONOLIIST	BL	ACKFOOT, ID 83221	er
BOISE, ID 83720-0080	PO BOX 1211 BLACKFOOT, ID 83221		,,	
NO FILING FEE IF	35221			i
RECEIVED BY DUE DATE		3. <u>r</u>	New Registered Agent Signature	
4. Limited Liability Company				- 1
Compani	es: Enter Names and Addresses of Ma	anagere		
Office held Name	Street or P.O. Address			1
Manage A	Subset of F.O. Address	City	State Zip	1
Manager Aaron Bl	orgaist PO Box 1211	2 Partico	E	
Manage 11	longuis PO Box 1211	BlackGot		1
rianages Hinna B	(Sugary PO Box 1211	Blackiant	4.4	
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5. Organized Under the Laws of:				
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W 30958	^	- Almini	Date _4/33/66	
	Name (Typed or 1+ nna E.	Blownist	Managa	
	Signature Anna E. Blonguist  Name (Typed or Anna E. Blonguist  Do Not Tape or Staple		_ Title //W/W/W/	J
Issued 04/03/2006				/