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|---|--------------------|--|--|--|-------------|---------|----------------------|
| No. W 21148 | | Due no later than Oct 31, 2006 Annual Report Form | | 2. Registered Agent and Address (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 needed. S-5, LLC KATHY GARTEN 6231 LONGBRANCH BOISE ID 83703 | | CORY SWAIN 6231 LONGBRANCH BOISE ID 83703 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name CORY SWAIN | Street or PO Address 6231 LONGBRANCH | | City BOISE | State ID | Country | Postal Code 83703 |
| 5. Organized Under the Laws of: IDAHO W 21148 | | 6. Annual Report must be signed.* Signature: Cory Swain Name (type or print): Cory Swain Date: 08/21/2006 Title: Manager | | | | | |
| Processed 08/21/2006 * Electronically provided signatures are accepted as original signatures. | | | | | | | |