

No. W 54749	Due no later than Sep 30, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LOCUST GROVE ENTERPRISES #1, LLC DARLENE M BRAMON PO BOX 4029 HAILEY ID 83333		FRANKLIN L BRAMON 100 TROUT LANE BELLEVUE ID 83313			
			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
MEMBER	FRANKLIN L BRAMON	PO BOX 4029	HAILEY	ID	USA	83333
5. Organized Under the Laws of: ID W 54749	6. Annual Report must be signed.* Signature: Darlene M Bramon Name (type or print): Darlene M Bramon		Date: 07/20/2009 Title: Member			
Processed 07/20/2009		* Electronically provided signatures are accepted as original signatures.				