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| No. W 72281 | | Due no later than Mar 31, 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. AUTUMN SANDS LLC ALAN PARKINSON 6618 N 6000 W REXBURG ID 83440 | | ALAN PARKINSON 6618 N 6000 W REXBURG ID 83440 | | | |
| | | | | 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 | MAX ALAN PARKINSON | 6618 N 6000 W | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: ID W 72281 | | 6. Annual Report must be signed.* Signature: Max Alan Parkinson Name (type or print): Max Alan Parkinson Date: 01/14/2009 Title: Member | | | | | |
| Processed 01/14/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |