No. W 90173		Due no later than Jan 31, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. LONE PROCESSOR, LLC (THE) BILLIEJO CAMPBELL 1875 NORTH WILLAMETTE DRIVE POST FALLS ID 83854			BILLIEJO CAMPBELL 1875 NORTH WILLAMETTE DRIVE POST FALLS ID 83854 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				POST FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BILLIEJO CAMPBELL		MPBELL	1875 N. WILLAMETTE DRIVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Billi		Date: 12/13/2010				
W 90173		Name (type or		Title: Manager				
Processed 12/13/2010 * Electronically provided signatures are accepted as original signatures.								