

No. W 75092	Due no later than Jun 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. BEN KOESTER, LLC BENJAMIN S KOESTER 1083 QUARTZ CREEK RD HARVARD ID 83834		BEN KOESTER 1083 QUARTZ CREEK RD HARVARD ID 83834			
			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
MANAGER	BEN KOESTER	1083 QUARTZ CREEK RD	HARVARD	ID	USA	83834
5. Organized Under the Laws of: ID W 75092	6. Annual Report must be signed.* Signature: Ben Koester Name (type or print): Ben Koester		Date: 07/20/2009 Title: Manager			
Processed 07/20/2009		* Electronically provided signatures are accepted as original signatures.				