| No. W 669 | Due no later than 12/31/2009 | 2. Registered Agent and Address (NO PO BOX) | |
|--|---|--|-----------------------|
| Return to: SECRETARY OF STATE | Annual Report Form BERNADINE EASTERBROOK 1. Mailing Address: Correct in this box if needed. (% 2700 GRANGEMONT RD | | |
| 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 | FOUR GALS, L.L.C. BERNADINE EASTERBROOK 2700 GRANGEMONT RD 1863 Trougement Rd. OROFINO ID 83544 | OROFINO ID 83544 3. New Registered Agent Signature: | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | |
| Office Held Name Menber Michael | May 1400 HWI12 Kend | City | State Zip Id.83537 |
| Member Patrick | — - | endrick | Id.83537 |
| | | laetta | Id.83535 |
| Member Dorothy | Taylor P.O. Box 420 July | iaetta | Id.83535 |
| Member Ida Heim | ngartner P.O.Box 218 North | | Va.22959 |
| Manager Bernadin | ie Easterbrook 1863 Grangemonj | Rd. Orofino | Id.83544 |
| 5. Organized Under the Laws of: 6 | o. Annual Report must be signed. | · | |
| ID | Signature: Bernadine Carterbe | | 1-27-09 |
| W 669 | Name(type or print): Bernadine Easterbr | ook Title: M | anager |
| Issued 11/3/2009 by NLB | | ş6. °. | 200912006170 |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct