

No. W 69421

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ORME FAMILY, LLC
PO BOX 481
SUGAR CITY, ID 83448BRAD S ORME
6 EAST CENTER
SUGAR CITY, ID 83448NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member Manager	Brad Orme	PO Box 532	Sugar City	ID	83448
Member	Daedre Orme	PO Box 532	Sugar City	ID	83448

5. Organized Under the Laws of:

IDAHO
W 69421

6.

Signature Brad Orme Date 10/23/08

Name (Typed or Printed) Brad Orme Title MEMBER Manager

Issued 10/01/2008

Do Not Tape or Staple

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