| No. W 53766 | | Due no later than Aug 31, 2010 | | 2. Registered Ag | 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. JIMMIE DEVON THOMPSON P.AC., P.L.L.C. JIMMIE D THOMPSON 497 HUNTER AVENUE TWIN FALLS ID 83301 | | 497 HUNTER | JIMMIE D THOMPSON 497 HUNTER AVENUE TWIN FALLS ID 83301 | | | |
| | | | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Compar | 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 | |
| MEMBER | JIMMIE D T | HOMPSON | 497 HUNTER AVENUE | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 53766 | | Signature: Jim | | Date: 08/26/2010 | | | | |
| | | Name (type or | | Title: Member | | | | |
| Processed 08/26/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |