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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------|
| No. <b>W 47483</b>                                                                                                                                     |              | <b>Due no later than Feb 28, 2007</b>                                                                                                                                      |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>LAND OF CARDS, LLC<br>C/O SARA BELOTE<br>316 N MONROE<br>MOSCOW ID 83843 |        | JANET M REED<br>864 HAROLD<br>MOSCOW ID 83843      |                     |
|                                                                                                                                                        |              |                                                                                                                                                                            |        | 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                                                                                                                                                | JANET M REED | 864 HAROLD                                                                                                                                                                 | MOSCOW | ID                                                 | 83843               |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 47483</b>                                                                                        |              | 6. Annual Report must be signed.*<br>Signature: Janet M Reed<br>Name (type or print): Janet M Reed<br>Date: 12/18/2006<br>Title: Owner                                     |        |                                                    |                     |
| Processed 12/18/2006                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                  |        |                                                    |                     |