

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (bece)) is subject to a penalty fee of \$25.00

R.R.G.L. 7-10-00 (#C 27)		, ,					
1. ID No. 102644	TCH,	t name of the limited liability company					
	10(1),						
3. State of Formation UTAH 4. Brief description of the character of the busines Establishing, owning, operating &						nahouse .	
		1	, <u>0</u> , .		•		
5. Principal office address 1104 COUNTRY HILLS DRIVE				OGDEN	State	Zip	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N.				1	UTAH	84403	
6. MAILING ADDR	ESS OF L	IMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA : Contact Title	CT PERSON:		
EVA JANE C. MARSH				•	ADMINISTRATIVE ASSISTANT / LEGAL DEPARTMENT		
Street Address				City	State	Zip	
1104 COUNTRY HILLS DRIVE				OGDEN	UTAH	84403	
- WAME 1415 151	.==			•	1		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name		TALL III	INCLS BLI ORE CSIN	•	CTORACIAONIMENT)		
TED D. JONES				Manager Name	Manager Name KARL J. KELLEY		
Street Address				•			
1104 COUNTRY HILLS DRIVE				Street Address	1104 COUNTRY HILLS DRIVE		
City State Zip							
OGDEN		UTAH	84403	OGDEN	State UTAH	Zip	
Manager Name				Manager Name	LOIAD	J84403	
CLARK G. GESSEL				, manager name	Juniger Juni		
Street Address				Street Address			
1104 COUNTRY	HILLS	DRIVE					
City OGDEN		State UTAH	^{Zip} 84403	City	State	Zip	
–		1	04403	•	l		
8. RESIDENT AGE!			Neer en e		#B		
inis information is c	currently o	record in the C	лисе of the Secretary of	State. Changes require filing	of Form 642 - R.I.G.L. 7-16-	-11	

CORPORATION SERVICE COMPANY

222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RHODE ISLAND 02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

102644

 Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

09/18/2009

Date

TED D. JONES / PRESIDENT & MANAGER

Print or Type Name of Authorized Person