| No. W 121686 | | Due no later than Feb 28, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|------------------------------------------------------------------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HOLIDAY FARM, LLC SALLY PETERSEN PO BOX 56 RUPERT ID 83350 | | _ | SALLY PETERSEN 215 W 150 S RUPERT 83350 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nai | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | ER SALLY PETERSEN | | PO BOX 56 | | RUPERT | ID | USA | 83350 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Sally Petersen | | | Date: 02/12/2015 | | | |
| W 121686 | | Name (type or print): Sally Petersen | | | Title: Manager | | | |
| Processed 02/12/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |