

|                                                                                                                                                        |                  |                                                                                                                                                           |       |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 91197</b>                                                                                                                                     |                  | <b>Due no later than Mar 31, 2011</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>1. Mailing Address: Correct in this box if needed.</b><br>MAP ROCK VINEYARD AND WINERY, LLC<br>STAN D SHAKENIS<br>3400 N HIGHWOOD PL<br>BOISE ID 83713 |       | STAN D SHAKENIS<br>3400 N HIGHWOOD PL<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                           |       | 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      |  |
| MEMBER                                                                                                                                                 | C SUSAN SHAKENIS | 3400 N HIGHWOOD PLACE                                                                                                                                     | BOISE | ID                                                      | USA     | 83713-0016       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                         |       |                                                         |         |                  |  |
| <b>ID<br/>W 91197</b>                                                                                                                                  |                  | Signature: C Susan Shakenis                                                                                                                               |       |                                                         |         | Date: 01/20/2011 |  |
|                                                                                                                                                        |                  | Name (type or print): C Susan Shakenis                                                                                                                    |       |                                                         |         | Title: Member    |  |
| Processed 01/20/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                 |       |                                                         |         |                  |  |