| No. <b>W 91064</b>                                                                             |                                   | Due no later than Mar 31, 2011                                            |                                                                                                                                                       | 2. Registered Ag           | 2. Registered Agent and Address (NO PO BOX)                                               |            |                |  |
|------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|------------|----------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | EFFERSON<br>20                    |                                                                           | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BLUE PINE INDUSTRIES LLC ROBERT F WARNER 6548 N RIVER RD IDAHO FALLS ID 83402 |                            | ROBERT F WARNER 6548 N RIVER RD IDAHO FALLS ID 83402  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |                                   |                                                                           |                                                                                                                                                       |                            |                                                                                           |            |                |  |
| Office Held Nam                                                                                |                                   | nes and Address                                                           | Street or PO Address                                                                                                                                  | City                       | State                                                                                     | Country    | Postal Code    |  |
| MANAGER DEBI                                                                                   | DEBRA L WARNER<br>ROBERT F WARNER |                                                                           | 6548 N RIVER RD<br>6548 N RIVER RD                                                                                                                    | IDAHO FALLS<br>IDAHO FALLS | ID<br>ID                                                                                  | USA<br>USA | 83402<br>83402 |  |
| 5. Organized Under the Laws of:                                                                |                                   | 6. Annual Report must be signed.*                                         |                                                                                                                                                       |                            |                                                                                           |            |                |  |
| ID<br>W 91064                                                                                  |                                   | Signature: Ro                                                             |                                                                                                                                                       | Date: 01/15/2011           |                                                                                           |            |                |  |
|                                                                                                |                                   | Name (type o                                                              |                                                                                                                                                       | Title: Manager             |                                                                                           |            |                |  |
| Processed 01/15/2011                                                                           |                                   | * Electronically provided signatures are accepted as original signatures. |                                                                                                                                                       |                            |                                                                                           |            |                |  |