| No. W 85717 | | Due no later than Jul 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|----------------|--|------------|---------|-------------|
| Return to: | | Annual Report Form | | SCOTT L POORMAN 8884 N GOVERNMENT WAY STE E HAYDEN ID 83835 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HOLTE THREE, LLC KIM L. HOLTE 12883 N. EMERALD DRIVE HAYDEN ID 83835 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | |
| 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 KIM L. HOLTE | | TE 12883 N. EME | RALD DRIVE | HAYDEN | ID | USA | 83835 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Kim L. Holte Date: 05/ | | | Date: 05/2 | 22/2011 | |
| W 85717 | | Name (type or print): Kim L. Holte | Title: Manager | | | | |
| Processed 05/22/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |