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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 2213</b>                                                                                                                                      |                | <b>Due no later than Mar 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DOTRE TRE, LLC<br>DAVID O JENSEN<br>720 N COLES LOOP<br>POST FALLS ID 83854 |            | DAVID O JENSEN<br>720 N COLES LOOP<br>POST FALLS 83854 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                               |            | 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                                                                                                                                                 | DAVID O JENSEN | 720 N COLES LOOP                                                                                                                                                              | POST FALLS | ID                                                     |         | 83854       |  |
| MEMBER                                                                                                                                                 | ANGELLA WIGTON | 5080 E FRAZIER                                                                                                                                                                | POST FALLS | ID                                                     | USA     | 83854       |  |
| MEMBER                                                                                                                                                 | ALISA JENSEN   | 8825 E TORREY LANE                                                                                                                                                            | HAYDEN     | ID                                                     | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 2213</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Angella O Wigton<br>Name (type or print): Angella O Wigton<br>Date: 02/08/2015<br>Title: CFO                                  |            |                                                        |         |             |  |
| Processed 02/08/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                     |            |                                                        |         |             |  |