

|  |                    |  |         |  |         |             |  |
|--|--------------------|--|---------|--|---------|-------------|--|
| No. <b>W 25093</b>   |                    | <b>Due no later than Jul 31, 2010</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>  |         | TERREL REID<br>131 FIRST AVE N<br>KETCHUM ID 83340 |         |             |  |
|  |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                    |         | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
|  |                    | DAVIES-REID HAIKU, LLC<br>SUSAN M SCHMIDT<br>PO BOX 2181<br>KETCHUM ID 83340 |         |  |         |             |  |
| 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   | TERREL REID        | PO BOX 2181  | KETCHUM | ID   | USA     | 83340       |  |
| MEMBER   | SHARON DAVIES-REID | PO BOX 2181  | KETCHUM | ID   | USA     | 83340       |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |         |  |         |             |  |
| <b>ID<br/>W 25093</b>  |                    | Signature: Terrel Reid   |         | Date: 08/05/2010                                   |         |             |  |
|  |                    | Name (type or print): Terrel Reid  |         | Title: Owner/Member                                |         |             |  |
| Processed 08/05/2010   |                    | * Electronically provided signatures are accepted as original signatures.    |         |  |         |             |  |