| No. W 55662 | | Due no later than Oct 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|-------------------------|--|---------|-------------|--|
| Return to: | Α | Annual Report Form | | MATTHEW P GRUPP ESQ | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. VINTAGE ACQUISITIONS, ADVANTAGE, LLC SONIE COMBS PO BOX 3530 POST FALLS ID 83877 USA | | | 842 W KATHLEEN AVE COEUR D'ALENE ID 83815 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | COEUR D'ALE | | | | |
| | | | 3. <u>New</u> Registere | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter N | lames and Addresses | of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER SONIE COL PROPERTI | MBS TORCHMARK ES LC | PO BOX 3530 | POST FALLS | ID | USA | 83877 | |
| Consultant Under the Laws of | C Assessed Bassacker | | | | | | |
| Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: Sonie Combs | | | Date: 09/13/2009 | | | |
| W 55662 | Name (type or p | Name (type or print): Sonie Combs | | Title: Manager | | | |
| Processed 09/13/2009 | * Electronically prov | * Electronically provided signatures are accepted as original signatures. | | | | | |