

|                                                                                                                                                        |               |                                                                                                                                                                                  |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 60620</b>                                                                                                                                     |               | <b>Due no later than Mar 31, 2012</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>CROWNHOLDERS, LLC<br>MARTHA RIPPLE<br>1515 WARMS SPRINGS AVE<br>BOISE ID 83712 |       | MARTHA RIPPLE<br>1515 WARMS SPRINGS AVE<br>BOISE ID 83712 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                  |       | 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 |  |
| MANAGER                                                                                                                                                | MARTHA RIPPLE | 1515 WARMS SPRINGS AVE                                                                                                                                                           | BOISE | ID                                                        | USA     | 83712       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 60620</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Martha Ripple<br>Name (type or print): Martha Ripple<br>Date: 01/13/2012<br>Title: Manager                                       |       |                                                           |         |             |  |
| Processed 01/13/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                        |       |                                                           |         |             |  |