

No. W 15068		Due no later than Apr 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOLST FAMILY MANAGEMENT, LLC SHAUNA L HOLST PO BOX 486 UCON ID 83454-0486		SHAUNA HOLST 10126 N YELLOWSTONE IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JON HOLST	Street or PO Address PO BOX 126		City UCON	State ID	Country USA	Postal Code 83454
5. Organized Under the Laws of: ID W 15068		6. Annual Report must be signed.* Signature: Shauna L Holst Name (type or print): Shauna L Holst Date: 04/13/2011 Title: Member					
Processed 04/13/2011 * Electronically provided signatures are accepted as original signatures.							