

No. W 15889	Due no later than Jul 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHELLE CRENSHAW 250 S 5TH ST 2ND FLOOR BOISE ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WHITE TAIL PLACE, LLC 1320 N 16TH AVE STE A YAKIMA WA 98902																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>J.L. SMITH CO.</td> <td>1320 N. 16th Ave.,</td> <td>Yakima,</td> <td>WA</td> <td></td> <td>98902</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	J.L. SMITH CO.	1320 N. 16th Ave.,	Yakima,	WA		98902	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 15889	6. Signature: <u>Elaine Harrison</u> Date: <u>5/10/12</u> Name (type or print): <u>ELAINE HARRISON</u> Title: <u>Vice-President</u>																																					