| No. W 25946 | | Due no later than Sep 30, 2013 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|---------------------------------|---|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BOTTLE BAY FAMILY HOLDINGS, L.L.C. DAVID T EACRET 487 BAY DRIVE SAGLE ID 83860 | | _ | DAVID T EACRET 487 BAY DRIVE SAGLE ID 83860 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | DAVID T EA | ACRET | 487 BAY DRIVE | | SAGLE | ID | USA | 83860 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: David T. Eacret | | | Date: 07/16/2013 | | | |
| W 25946 | | Name (type or print): David T. Eacret | | | Title: Member | | | |
| Processed 07/16/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |