| No. W 94782 | Due no later than Jul 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--|--|--|-------|---------|-------------|--|
| Return to: | Annual Report Form | | JOHN F MAGNUSON | | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. HTFT PROPERTIES, LLC JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D ALENE ID 83816 | | 1250 NORTHWOOD CENTER CT STE A COEUR D ALENE ID 83816 3. New Registered Agent Signature:* | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 | |
| MEMBER JOHN F. MAGNUSON | | 1250 NORTHWOOD CENTER COURT SUITE A | COEUR D'ALENE | ID | USA | 83816 | |
| C. Ourseine delle des the Levis of | C Assessed Bassachause | | | | | | |
| | | ual Report must be signed.* | | | | | |
| ID | Signature: John F. Magnuson | | Date: 05/24/2011 | | | | |
| W 94782 | Name (type or print): John F. Magnuson | | Title: Managing Member | | | | |
| Processed 05/24/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | |