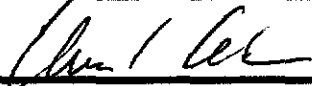


No. W 45379	Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TWIN CITY FURNITURE, LLC		MICHAEL PIERCE 110 MCKINLEY AVE KELLOGG ID 83837			
NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 629 KELLOGG ID 83837		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MICHAEL PIERCE	BOX 629	KELLOGG	ID	USA	83837
MEMBER	BERNICE PIERCE	BOX 974	KELLOGG	ID	USA	83837
5. Organized Under the Laws of:		6.				
IDAHO W 45379		Signature: 			Date: 11.21.9	
		Name (type or print): MICHAEL PIERCE			Title: MGR	
Issued 10/23/2009 by CLH 200912008558						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 4: Entire name may not be altered through the use of this form. Pay special attention to the mailing address. If the