| No. <b>W 85006</b>   |   | Due no later than Jun 30, 2011   |                                    | 2. Registered Agent and Address (NO PO BOX)                                 |       |         |             |  |
|--|---|--|------------------------------------|---|-------|---------|-------------|--|
| Return to:   |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TWISTED TIMBER FINE FURNITURE & CUSTOM CABINETRY, LLC  MICHAEL R SCHWARTZ  17037 N LYONSDALE PL  NAMPA ID 83687  USA |                                    | MICHAEL R SCHWARTZ  |       |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   |  |                                    | 17037 N LYONSDALE PL<br>NAMPA ID 83687  3. New Registered Agent Signature:* |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |  |                                    |   |       |         |             |  |
| 4. Limited Liability Compan  | ies: Enter Na   | mes and Addresses  | of at least one Member or Manager. |   |       |         |             |  |
| Office Held  | Name  |  | Street or PO Address               | City  | State | Country | Postal Code |  |
| MANAGER  | MICHAEL R   | SCHWARTZ   | 17037 N LYONSDALE PL               | NAMPA   | ID    | USA     | 83687       |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*  |                                    |   |       |         |             |  |
| ID<br>W 85006  |   | Signature: Michael R. Schwartz Date: 04/14/2011  |                                    |   |       |         |             |  |
|  |   | Name (type or  | Title: Manager                     |   |       |         |             |  |
| Processed 04/14/2011   | * Electronically provided signatures are accepted as original signatures. |  |                                    |   |       |         |             |  |