| No. <b>W 18705</b>   |      | Due no later than Apr 30, 2006   |     | 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.                     |     | MARK ELLINGSEN<br>608 NW BLVD STE 401<br>COEUR D'ALENE ID 83814 |       |         |             |
|  |      | COEUR D'ALENE CELLARS, L.L.C. KIMBER GATES 3890 NORTH SCHREIBER WAY COEUR D'ALENE ID 83815 |     | 3. <u>New</u> Registered Agent Signature:*                      |       |         |             |
| NO FILING FEE IF<br>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 |
| MANAGER KIMBER GAT   |      | TES 3890 NORTH SCHREIBER   | WAY | COEUR D'ALENE   | ID    |         | 83815       |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*  |     |   |       |         |             |
| IDA HO<br>W 18705  |      | Signature: Mark A. Ellingsen   |     | Date: 03/10/2006  |       |         |             |
|  |      | Name (type or print): Mark A. Ellingsen  |     | Title: Attorney-Registered Agent                                |       |         |             |
| Processed 03/10/2006 * Electronically provided signatures are accepted as original signatures. |      |  |     |   |       |         |             |