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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------------------|
| No. <b>W 46216</b>                                                                                                                                     |               | <b>Due no later than Jan 31, 2007</b>                                                                                                                                                     |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HUCKLEBERRY HOLDINGS, L.L.C.<br>JERRY L OLSON<br>489 EASTGATE DR<br>TWIN FALLS ID 83301 |            | JERRY L OLSON<br>489 EASTGATE DR<br>TWIN FALLS ID 83301 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                           |            | 3. <u>New</u> Registered Agent Signature:*              |                     |
| 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                                                                                                                                                 | JERRY L OLSON | 489 EASTGATE DR                                                                                                                                                                           | TWIN FALLS | ID                                                      | 83301               |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 46216</b>                                                                                        |               | 6. Annual Report must be signed.*<br>Signature: Jerry L. Olson<br>Name (type or print): Jerry L. Olson<br>Date: 04/02/2007<br>Title: Member                                               |            |                                                         |                     |
| Processed 04/02/2007                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |            |                                                         |                     |