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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 45644</b>                                                                                                                                     |               | <b>Due no later than Dec 31, 2013</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>IDAHO HERITAGE FUNDING, LLC<br>DALE E MILLER<br>2555 W. HIGHWAY 53<br>RATHDRUM ID 83858<br>USA |          | DALE E MILLER<br>2555 W HWY 53<br>RATHDRUM ID 83858 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                                  |          | 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 |  |
| MANAGER                                                                                                                                                | DALE E MILLER | 2555 W. HWY 53                                                                                                                                                                                   | RATHDRUM | ID                                                  | USA     | 83858       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 45644</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Dale E. Miller<br>Name (type or print): Dale E. Miller<br>Date: 12/30/2013<br>Title: Manager                                                     |          |                                                     |         |             |  |
| Processed 12/30/2013                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |          |                                                     |         |             |  |