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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|
| No. <b>W 31081</b>                                                                                                                                     |              | <b>Due no later than Jun 30, 2010</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>DUTCH BROTHERS ENTERPRISES, LLC<br>JOHN REITSMA<br>329 S 417 E<br>JEROME ID 83338 |        | JOHN REITSMA<br>329 S 417 E<br>JEROME ID 83338     |         |
|                                                                                                                                                        |              |                                                                                                                                                                                     |        | 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 |
| MEMBER                                                                                                                                                 | JOHN REITSMA | 329 S 417 E                                                                                                                                                                         | JEROME | ID                                                 | USA     |
| Postal Code 83338                                                                                                                                      |              |                                                                                                                                                                                     |        |                                                    |         |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 31081</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: John Reitsma<br>Name (type or print): John Reitsma<br>Date: 04/14/2010<br>Title: Owner                                              |        |                                                    |         |
| Processed 04/14/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                           |        |                                                    |         |