

|                                                                                                                                                        |                     |                                                                                                                                               |             |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 73681</b>                                                                                                                                     |                     | <b>Due no later than Apr 30, 2012</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>1. Mailing Address: Correct in this box if needed.</b><br><br>4T HOLDINGS, LLC<br>TRACY TREMELLING<br>462 SUNTERRA<br>IDAHO FALLS ID 83404 |             | TRACY TREMELLING<br>462 SUNTERRA<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                               |             | 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                                                                                                                                                | TRACY TREMELLING    | 462 SUNTERRA                                                                                                                                  | IDAHO FALLS | ID                                                       | USA     | 83404       |  |
| MANAGER                                                                                                                                                | MICHELLE TREMELLING | 462 SUNTERRA                                                                                                                                  | IDAHO FALLS | ID                                                       | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73681</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Tracy Tremelling<br>Name (type or print): Tracy Tremelling                                    |             |                                                          |         |             |  |
|                                                                                                                                                        |                     | Date: 02/24/2012<br>Title: Manager                                                                                                            |             |                                                          |         |             |  |
| Processed 02/24/2012                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                     |             |                                                          |         |             |  |