| No. W 23288  | Due no later than Mar 31, 2010 Annual Report Form                               | 2. Registered Agent and Office (NOT A P.O. BOX)  ROMEL T KEYES |  |
|--|---|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720 |   |  |  |
|  | Mailing Address: Correct in this box if needed. GRACE INVESTMENTS LLC           | 2563 E LOOKOUT DR<br>COEUR D'ALENE ID 83815                    |  |
| BOISE, ID 83720-0080   | 2563 E LOOKOUT DR<br>COEUR D'ALENE ID 83815                                     | 3. New Registered Agent Signature.                             |  |
| RECEIVED BY DUE  |   |  |  |
| 4. Limited Liability Compani<br>Office Held Nam                      | es: Enter Names and Addresses of Managers OR Members.<br>E Street or PO Address | City State Country Postal Code                                 |  |
| Manager Ro   | mel T. Keyes 2563 E. Look   |  |  |
|  | •   |  |  |
| in die e   |   |  |  |
|  |   |  |  |
|  |   | No.  |  |
| 5. Organized Under the Law IDAHO                                     | s of: 6. Signature: Romel J. Keyes  | Date: 3/17/10  |  |
| W 23288  | Nama (type or print): Grace Tru. LC,  | Romel T. Keyes Tile: Manager                                   |  |
| Issued 03/17/2010 by KAH   |   | 201003006851   |  |
|  |   |  |  |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; net a Post Office Box or Personal Mail Box.

Black 3: Only a many registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put</u> "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

Black 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the interset once it has been filed. DO NOT enter Social Security numbers.

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existance. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED