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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 68811</b>                                                                                                                                     |                          | <b>Due no later than Nov 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>                                                                              |             | TIMOTHY DANIEL REINKE<br>C/O PINECREST GOLF COURSE<br>701 E ELVA<br>IDAHO FALLS ID 83401 |                  |             |  |
|                                                                                                                                                        |                          | <b>1. Mailing Address: Correct in this box if needed.</b>                                              |             | 3. <u>New</u> Registered Agent Signature:*                                               |                  |             |  |
|                                                                                                                                                        |                          | TIM'S GOLF SHOP, LLC<br>TIMOTHY DANIEL REINKE<br>270 SUNNY HEIGHTS LANE<br>IDAHO FALLS ID 83402<br>USA |             |                                                                                          |                  |             |  |
| 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                                                                                                                                                | TIMOTHY DANIEL REINKE    | 270 SUNNY HEIGHTS LANE                                                                                 | IDAHO FALLS | ID                                                                                       | USA              | 83402       |  |
| MANAGER                                                                                                                                                | CINDY STEGELMEIER REINKE | 270 SUNNY HEIGHTS LANE                                                                                 | IDAHO FALLS | ID                                                                                       | USA              | 83402       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                          | 6. Annual Report must be signed.*                                                                      |             |                                                                                          |                  |             |  |
| <b>ID<br/>W 68811</b>                                                                                                                                  |                          | Signature: Timothy Reinke                                                                              |             |                                                                                          | Date: 09/10/2010 |             |  |
|                                                                                                                                                        |                          | Name (type or print): Timothy Reinke                                                                   |             |                                                                                          | Title: Manager   |             |  |
| Processed 09/10/2010                                                                                                                                   |                          | * Electronically provided signatures are accepted as original signatures.                              |             |                                                                                          |                  |             |  |