| No. <b>W 73310</b>   |                 | Due no later than Apr 30, 2011  |  | 2. Registered Ag           | 2. Registered Agent and Address (NO PO BOX) |            |                |  |
|--|-----------------|---|--|----------------------------|---|------------|----------------|--|
| Return to:   |                 | Annual Report Form  |  |                            | ERIC L OLSEN                                |            |                |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                 | 1. Mailing Address: Correct in this box if needed. FOUR WINDS HOLDINGS, LLC PO BOX 50611 IDAHO FALLS ID 83405 |  |                            | 201 E CENTER ST<br>POCATELLO ID 83201       |            |                |  |
|  |                 |   |  | POCATELLO                  |   |            |                |  |
|  |                 |   |  | 3. New Register            | 3. New Registered Agent Signature:*         |            |                |  |
|  |                 |   |  |                            |   |            |                |  |
| 4. Limited Liability Compa   | anies: Enter Na | mes and Addresses o   | of at least one Member or Manager.             |                            |   |            |                |  |
| Office Held  | ffice Held Name |   | Street or PO Address                           | City                       | State                                       | Country    | Postal Code    |  |
| Manager<br>Manager   |                 |   | 710 WEST RIVERVIEW RD<br>710 WEST RIVERVIEW RD | IDAHO FALLS<br>IDAHO FALLS | ID<br>ID                                    | USA<br>USA | 83401<br>83401 |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |  |                            |   |            |                |  |
| ID<br>W 73310  |                 | Signature: Bruce Miller   |  |                            | Date: 03/18/2011                            |            |                |  |
|  |                 | Name (type or print): Bruce Miller  |  |                            | Title: Manager                              |            |                |  |
| Processed 03/18/2011   |                 | * Electronically prov   | ided signatures are accepted as origina        | l signatures.              |   |            |                |  |