

No. W 78166 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Oct 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. DIXIEGRAM LLC PAT HOLMBERG PO BOX 292 GRANGEVILLE ID 83530	2. Registered Agent and Office (NOT A P.O. BOX) PAT HOLMBERG 743 WALL CREEK RD CLEARWATER ID 83552 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Pat Holmberg Box 292 Grangeville ID 83530</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Pat Holmberg Box 292 Grangeville ID 83530						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Pat Holmberg Box 292 Grangeville ID 83530																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
5. Organized Under the Laws of: IDAHO W 78166	6. Signature: <u>Pat Holmberg</u> Date: <u>11-29-12</u> Name (type or print): _____ Title: <u>Manager</u>																																				

Issued 11/29/2012 by DK1

110225