

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 23360</b>   | <b>Due no later than Mar 31, 2012</b><br><b>Annual Report Form</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>BUCK 110, L.L.C.<br>TOM STOESER<br>4752 W RIVERBEND AVE<br>POST FALLS ID 83854 |   | WITHERSPOON KELLEY DAVENPORT & TOOLE PS<br>608 NW BLVD STE 300<br>COEUR D'ALENE ID 83814 |       |         |             |
|  |   |   | 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  | THOMAS P STOESER  | 4752 W RIVERBEND AVE  | POST FALLS   | ID    | USA     | 83854       |
| MANAGER  | GARY L VOIGT  | P O BOX 2044  | IDAHO FALLS  | ID    | USA     | 83403       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 23360</b>   | 6. Annual Report must be signed.*<br>Signature: Thomas P Stoester<br>Name (type or print): Thomas P Stoester                                    |   | Date: 01/23/2012<br>Title: Manager   |       |         |             |
| Processed 01/23/2012   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |