| No. <b>W 58392</b>   |   | Due no later than Jan 31, 2010  |                                    | 2. Registered Age          | 2. Registered Agent and Address (NO PO BOX)  |            |                     |  |
|--|---|---|------------------------------------|----------------------------|--|------------|---------------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE   |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROCKY POINT HOLDINGS, L.L.C.  BOB L RYLAARSDAM  647 FAIRVIEW RD  GRANGEVILLE ID 83530-5184  USA |                                    | 647 FAIRVIEW               | BOB L RYLAARSDAM 647 FAIRVIEW RD GRANGEVILLE ID 83530  3. New Registered Agent Signature:* |            |                     |  |
|  |   |   |                                    | GRANGEVILLE                |  |            |                     |  |
|  |   |   |                                    | 3. <u>New</u> Registere    |  |            |                     |  |
|  |   |   |                                    |                            |  |            |                     |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |   |   |                                    |                            |  |            |                     |  |
| Office Held Nam  | Name  |   | Street or PO Address               | City                       | State  | Country    | Postal Code         |  |
| The second secon | BOB L RYLAARSDAM<br>RUBY A RYLAARSDAM                                     |   | 647 FAIRVIEW RD<br>647 FAIRVIEW RD | GRANGEVILLE<br>GRANGEVILLE | ID<br>ID   | USA<br>USA | 83530<br>83530-5184 |  |
| 5. Organized Under the Laws of   | :   | 6. Annual Repor   | t must be signed.*                 |                            |  |            |                     |  |
| ID<br>W 58392  |   | Signature: Bo   |                                    | Date: 02/25/2010           |  |            |                     |  |
|  |   | Name (type o  |                                    | Title: Manager             |  |            |                     |  |
| Processed 02/25/2010   | * Electronically provided signatures are accepted as original signatures. |   |                                    |                            |  |            |                     |  |