

|                                                                                                                                                        |                 |                                                                                                                                            |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 89615</b>                                                                                                                                     |                 | <b>Due no later than Jan 31, 2015</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>T.R.H. HOLDINGS, LLC<br>TIM HOLLINGER<br>3801 N 4000 E<br>HANSEN ID 83334 |        | TIM HOLLINGER<br>3801 N 4000 E<br>HANSEN 83334     |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                            |        | 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      |  |
| MEMBER                                                                                                                                                 | TIM R HOLLINGER | 3801 N 4000E                                                                                                                               | HANSEN | ID                                                 | USA     | 83334            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                          |        |                                                    |         |                  |  |
| <b>ID<br/>W 89615</b>                                                                                                                                  |                 | Signature: Tim Hollinger                                                                                                                   |        |                                                    |         | Date: 02/23/2015 |  |
|                                                                                                                                                        |                 | Name (type or print): Tim Hollinger                                                                                                        |        |                                                    |         | Title: member    |  |
| Processed 02/23/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                  |        |                                                    |         |                  |  |