

|                                                                                                                                                        |                                             |                                                                                                                  |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 45967</b>                                                                                                                                     |                                             | <b>Due no later than Dec 31, 2012</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>Annual Report Form</b>                                                                                        |       | SUSAN HUFF<br>3365 W SALTO DR<br>EAGLE ID 83616    |         |             |  |
|                                                                                                                                                        |                                             | <b>1. Mailing Address: Correct in this box if needed.</b>                                                        |       | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
|                                                                                                                                                        |                                             | HUFF ACRES, LLC.<br>SUSAN J. HUFF BISCHOFF<br>3365 W SALTO DR<br>EAGLE ID 83616                                  |       |                                                    |         |             |  |
| 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                                                                                                                                                 | THE DENNIS E & SUSAN J HUFF<br>FAMILY TRUST | 3365 W SALTO DR                                                                                                  | EAGLE | ID                                                 | USA     | 83619       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 45967</b>                                                                                           |                                             | 6. Annual Report must be signed.*<br>Signature: Susan Huff Bischoff<br>Name (type or print): Susan Huff Bischoff |       |                                                    |         |             |  |
|                                                                                                                                                        |                                             | Date: 01/09/2013<br>Title: Manager                                                                               |       |                                                    |         |             |  |
| Processed 01/09/2013                                                                                                                                   |                                             | * Electronically provided signatures are accepted as original signatures.                                        |       |                                                    |         |             |  |