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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 30719</b>                                                                                                                                     |                 | Due no later than May 31, 2007<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>HOLLEY FINANCIAL MANAGEMENT, LLC<br>PATRICIA HOLLEY<br>PO BOX 1656<br>KETCHUM ID 83340 |         | PATTY HOLLEY<br>320 1ST AVE N STE 201B<br>KETCHUM ID 83340 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                     |         | 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                                                                                                                                                 | PATRICIA HOLLEY | PO BOX 1656                                                                                                                                         | KETCHUM | ID                                                         | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 30719</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Patty Holley<br>Name (type or print): Patty Holley                                                  |         |                                                            |         |             |  |
| Date: 06/11/2007                                                                                                                                       |                 | Title: Manager                                                                                                                                      |         |                                                            |         |             |  |
| Processed 06/11/2007                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                            |         |             |  |