

|                                                                                                                                                        |                    |                                                                                            |          |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 31691</b>                                                                                                                                     |                    | <b>Due no later than Jul 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>                                                                  |          | KATHRYN DEANN BILLING<br>635 OAK STREET<br>POTLATCH ID 83855 |         |                  |  |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                                  |          | 3. <u>New</u> Registered Agent Signature:*                   |         |                  |  |
|                                                                                                                                                        |                    | ODD CHESTER INDUSTRIES, LLC<br>KATHRYN D BILLING<br>PO BOX 653<br>POTLATCH ID 83855<br>USA |          |                                                              |         |                  |  |
| 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                                                                                                                                                | JONATHAN S BILLING | PO BOX 653                                                                                 | POTLATCH | ID                                                           | USA     | 83855            |  |
| MANAGER                                                                                                                                                | K DEANN BILLING    | PO BOX 653                                                                                 | POTLATCH | ID                                                           | USA     | 83855            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                          |          |                                                              |         |                  |  |
| <b>ID<br/>W 31691</b>                                                                                                                                  |                    | Signature: Kathryn Deann Billing                                                           |          |                                                              |         | Date: 07/16/2012 |  |
|                                                                                                                                                        |                    | Name (type or print): Kathryn Deann Billing                                                |          |                                                              |         | Title: Manager   |  |
| Processed 07/16/2012                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                  |          |                                                              |         |                  |  |