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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 11201</b>                                                                                                                                     |                        | Due no later than Mar 31, 2013                                                                                                                                                 |       | 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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>OCT 2010 LLC<br>12426 W EXPLORER DRIVE<br>SUITE 100<br>BOISE ID 83713<br>USA |       | DEBBIE MILLER<br>12426 W EXPLORER DR<br>SUITE 100<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                |       | 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 |  |
| MANAGER                                                                                                                                                | DBSI LIQUIDATING TRUST | 12426 W EXPLORER DRIVE SUITE 100                                                                                                                                               | BOISE | ID                                                                  | USA     | 83713       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 11201</b>                                                                                           |                        | 6. Annual Report must be signed.*<br>Signature: Nicole Randall<br>Name (type or print): Nicole Randall<br>Date: 04/08/2013<br>Title: Executive Asst.                           |       |                                                                     |         |             |  |
| Processed 04/08/2013                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                      |       |                                                                     |         |             |  |