

No. W 48870	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2008		2. Registered Agent and Office (NOT A P.O. BOX) KENT WAGENER 189 N MAIN ST DRIGGS ID 83422																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BIG HOLE VENTURE, LLC PO BOX 9568 AVON CO 81620 906 SALT CT REDWOOD CITY, CA 94065		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MAUREEN Rome</td> <td>906 SALT CT</td> <td>REDWOOD CITY</td> <td>CA</td> <td>USA</td> <td>94065</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DONALD Rome</td> <td>906 SALT CT</td> <td>REDWOOD CITY</td> <td>CA</td> <td>USA</td> <td>94065</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MAUREEN Rome	906 SALT CT	REDWOOD CITY	CA	USA	94065	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DONALD Rome	906 SALT CT	REDWOOD CITY	CA	USA	94065	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 48870	6. Signature: <u><i>M. Rome</i></u> Date: <u>12/12/2013</u> Name (type or print): <u>CFO Director</u> Title: <u>Maureen Rome</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM