| No. <b>W 56656</b>   |                  | Due no later than Nov 30, 2010   |                         | 2. Registered Ag  | 2. Registered Agent and Address (NO PO BOX)  |         |             |  |
|--|------------------|--|-------------------------|-------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080           |                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  AMORA LLC JOHN E RENNISON PO BOX 100 HORSESHOE BEND ID 83629 |                         | 430 E STATE       | JOHN E RENNISON 430 E STATE ST STE 140 EAGLE ID 83616  3. New Registered Agent Signature:* |         |             |  |
|  |                  |  |                         | 3. New Registere  |  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                  | 71010201102 52115  |                         |                   | 3  |         |             |  |
| 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   | HEIDI RENNISON   |  | PO BOX 100              | HORSESHOE<br>BEND | ID   | USA     | 83629       |  |
| MEMBER   | JOHN E RENNISON  |  | PO BOX 100              | HORSESHOE<br>BEND | ID   | USA     | 83629       |  |
| MEMBER   | STEVE LOOMIS     |  | 7154 W STATE ST PMB 187 | BOISE             | ID   | USA     | 83703       |  |
| MEMBER   | DARRIN HENDRICKS |  | 7154 W STATE ST PMB 187 | BOISE             | ID   | USA     | 83703       |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must  |                         |                   |  |         |             |  |
| ID<br>W 56656  |                  | Signature: John Rennison   |                         |                   | Date: 11/16/2010   |         |             |  |
|  |                  | Name (type or print  |                         | Title: Member     |  |         |             |  |
| Processed 11/16/2010   |                  | * Electronically provided signatures are accepted as original signatures.  |                         |                   |  |         |             |  |