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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 32731</b>                                                                                                                                     |              | <b>Due no later than Aug 31, 2010</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>REDNECK CABIN AND RANCH SUPPLY LLC<br>DAVE KUTHER<br>1690 JOHNSON RD<br>NEZPERCE ID 83543 |          | DANIEL M JOHNSON/ATTY<br>404 OAK ST<br>NEZPERCE ID 83543 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                             |          | 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                                                                                                                                                | DAVE KUTHER  | 1690 JOHNSON RD                                                                                                                                                                             | NEZPERCE | ID                                                       | USA     | 83543       |  |
| MANAGER                                                                                                                                                | SHARI KUTHER | 1690 JOHNSON RD                                                                                                                                                                             | NEZPERCE | ID                                                       | USA     | 83543       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 32731</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Shari Kuther<br>Name (type or print): Shari Kuther<br>Date: 08/15/2010<br>Title: Manager                                                    |          |                                                          |         |             |  |
| Processed 08/15/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |          |                                                          |         |             |  |