No. W 8815		Due no later than May 31, 2011		2. Registere	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. HUCKLEBERRY ESTATES, LLC KIM SPEARS 1417 WILCOMB ST BOISE ID 83705		1417 WIL	KIM SPEARS 1417 WILCOMB ST BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Regi	3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Nar Name	nes and Addresses of at	least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER			6610 S MAPLE GROVE RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 8815		6. Annual Report must be Signature: Kim Spear Name (type or print):		Date: 03/15/2011 Title: Managing Member				
Processed 03/15/2011 * Electronically provided signatures are accepted as original signatures.								