

|                                                                                                                                                        |            |                                                                                                                                                                |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 30007</b>                                                                                                                                     |            | <b>Due no later than Apr 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>BRAND X EQUIPMENT, LLC<br>DOUG JONES<br>5162 S YELLOWSTONE HWY<br>IDAHO FALLS ID 83402<br>USA |             | DOUG JONES<br>1525 N WOODRUFF AVE<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                                |             | 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                                                                                                                                                | DOUG JONES | 1525 N WOODRUFF AVE                                                                                                                                            | IDAHO FALLS | ID                                                        | USA     | 83402       |  |
| MANAGER                                                                                                                                                | KIM FOWLER | 1525 N WOODRUFF AVE                                                                                                                                            | IDAHO FALLS | ID                                                        | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 30007</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Douglas Jones<br>Name (type or print): Douglas Jones                                                           |             |                                                           |         |             |  |
|                                                                                                                                                        |            | Date: 02/16/2010<br>Title: Manager                                                                                                                             |             |                                                           |         |             |  |
| Processed 02/16/2010                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                      |             |                                                           |         |             |  |