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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 77256</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>1. Mailing Address: Correct in this box if needed.</b><br><br>BRACKEN INSTALLATIONS, LLC<br>BRACKEN D CLARK<br>320 RODNEY DR<br>REXBURG ID 83440-1752 |         | JOSHUA A GARNER<br>24 S 1ST W<br>REXBURG ID 83440  |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                          |         | 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 |  |
| MEMBER                                                                                                                                                 | BRACKEN D CLARK | 320 RODNEY DRIVE                                                                                                                                         | REXBURG | ID                                                 | USA     | 83440-1752  |  |
| MEMBER                                                                                                                                                 | VALRI CLARK     | 320 RODNEY DRIVE                                                                                                                                         | REXBURG | ID                                                 | USA     | 83440-1752  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 77256</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Valri Clark<br>Name (type or print): Valri Clark<br>Date: 08/16/2010<br>Title: Member                    |         |                                                    |         |             |  |
| Processed 08/16/2010                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                |         |                                                    |         |             |  |