

|                                                                                                                                                        |                 |                                                                                                                                                          |             |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 53090</b>                                                                                                                                     |                 | <b>Due no later than Jul 31, 2014</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>NULITE ELECTRIC LLC<br>LARRY G. QUEBBEMAN<br>3570 BROOKFIELD LN<br>IDAHO FALLS ID 83406 |             | LARRY QUEBBEMAN<br>3570 BROOKFIELD LN<br>IDAHO FALLS ID 83406 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                          |             | 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                                                                                                                                                 | VICKI QUEBBEMAN | 3570 BROOKFIELD LN                                                                                                                                       | IDAHO FALLS | ID                                                            | USA     | 83406       |  |
| MEMBER                                                                                                                                                 | LARRY QUEBBEMAN | 3570 BROOKFIELD LN                                                                                                                                       | IDAHO FALLS | ID                                                            | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 53090</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Larry Quebbeman<br>Name (type or print): Larry Quebbeman                                                 |             |                                                               |         |             |  |
|                                                                                                                                                        |                 | Date: 08/14/2014<br>Title: Owner                                                                                                                         |             |                                                               |         |             |  |
| Processed 08/14/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                |             |                                                               |         |             |  |