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|--|----------------|---|------------|---|---------|----------------------|--|
| No. W 40649 | | Due no later than Jun 30, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. AES DEVELOPMENT ID, LLC TIMOTHY L GATTEN PO BOX 3467 POST FALLS ID 83877-3467 | | TIMOTHY L GATTEN 602 N CALCARY ST STE 301 POST FALLS ID 83854 | | | |
| | | | | 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 | TIMOTHY GATTEN | 602 N CALGARY CT STE 301 | POST FALLS | ID | USA | 83854 | |
| MANAGER | S RYAN FACER | 602 N CALGARY CT #301 | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 40649 | | Signature: Timothy Gatten | | | | Date: 05/14/2013 | |
| | | Name (type or print): Timothy Gatten | | | | Title: Owner/Manager | |
| Processed 05/14/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |