

|                                                                                                                                                        |                 |                                                                                                                                                   |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 98317</b>                                                                                                                                     |                 | <b>Due no later than Apr 30, 2011</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>TRI-S ELECTRIC, INC.<br>CAROLYN SMITH<br>903 E 1240 N<br>SHELLEY ID 83274<br>USA |         | CAROLYN SMITH<br>903 E 1240 N<br>SHELLEY ID 83274  |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                   |         | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                                   |         |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                              | City    | State                                              | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | CAROLYN J SMITH | 903 E 1240 N                                                                                                                                      | SHELLEY | ID                                                 | USA     | 83274       |  |
| PRESIDENT                                                                                                                                              | VAL L SMITH     | 903 E 1240 N                                                                                                                                      | SHELLEY | ID                                                 | USA     | 83274       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 98317</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Carolyn Smith<br>Name (type or print): Carolyn Smith                                              |         |                                                    |         |             |  |
|                                                                                                                                                        |                 | Date: 04/21/2011<br>Title: Sec.                                                                                                                   |         |                                                    |         |             |  |
| Processed 04/21/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                         |         |                                                    |         |             |  |