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|--|-----------------|---|-------------|--|---------|--|--|
| No. C 190263 | | Due no later than Feb 29, 2012 | | Annual Report Form | | 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. ENTERPRISING SOLUTIONS INC. PROFIT SHARING PLAN KATHRYN J VOLIN PO BOX 140369 GARDEN CITY ID 83714-0369 | | KATHRYN J VOLIN 10409 W HECETA HEAD DR GARDEN CITY ID 83714-3658 | | | |
| | | | | 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 | |
| PRESIDENT | KATHRYN J VOLIN | PO BOX 140369 | GARDEN CITY | ID | USA | 83714-0369 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 190263 | | Signature: Kathryn Volin | | | | Date: 03/06/2012 | |
| | | Name (type or print): Kathryn Volin | | | | Title: President | |
| Processed 03/06/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |