

|                                                                                                                                                        |                  |                                                                                                                                                                                 |             |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 188148</b>                                                                                                                                    |                  | <b>Due no later than Aug 31, 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>TWO GIRLS EQUIPMENT RENTALS & SALES, INC.<br>TRACY JO JONES<br>5162 S. YELLOWSTONE HWY<br>IDAHO FALLS ID 83402 |             | TRACY JO JONES<br>5351 SPIRIT COVE<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                 |             | 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                                                                                                                                              | TRACY JONES      | 5351 SPIRIT COVE                                                                                                                                                                | IDAHO FALLS | ID                                                         | USA     | 83404       |  |
| PRESIDENT                                                                                                                                              | JANICE E. FOWLER | P.O. BOX 8022 2958 HORIZON DR.                                                                                                                                                  | BEND        | OR                                                         | USA     | 97701       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 188148</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Janice Fowler<br>Name (type or print): Janice Fowler<br>Date: 06/29/2011<br>Title: President                                    |             |                                                            |         |             |  |
| Processed 06/29/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                       |             |                                                            |         |             |  |