

|  |                 |  |            |  |         |
|--|-----------------|--|------------|--|---------|
| No. <b>W 137492</b>  |                 | <b>Due no later than May 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>INDEPENDENT ELECTRICAL SERVICES, LLC<br>JASON C SHOEMAKER<br>209 FREDERICK ST<br>POST FALLS ID 83854 |            | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |         |
|  |                 |  |            | 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 |
| MEMBER   | JASON SHOEMAKER | 209 FREDERICK ST   | POST FALLS | ID   | USA     |
| Postal Code 83854  |                 |  |            |  |         |
| 5. Organized Under the Laws of:<br><br><b>WA</b><br><b>W 137492</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Jason Shoemaker<br>Name (type or print): Jason Shoemaker   |            |  |         |
|  |                 | Date: 05/29/2018<br>Title: Manager   |            |  |         |
| Processed 05/29/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |            |  |         |