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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 104360</b>                                                                                                                                    |              | Due no later than Dec 31, 2009<br><b>Annual Report Form</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>LEE'S ELECTRIC, INC.<br>PATTI PHELPS<br>10118 N TARYNE<br>HAYDEN LAKE ID 83835           |        | PATTI PHELPS<br>10118 N TARYNE<br>HAYDEN LAKE ID 83835 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                           |        | 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 |  |
| DIRECTOR                                                                                                                                               | PATTI PHELPS | 10118 N TARYNE STREET                                                                                                                                     | HAYDEN | ID                                                     | USA     | 83835-9672  |  |
| DIRECTOR                                                                                                                                               | H LEE PHELPS | 10118 N TARYNE STREET                                                                                                                                     | HAYDEN | ID                                                     | USA     | 83835-9672  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 104360</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Patricia K Phelps<br>Name (type or print): Patricia K Phelps<br>Date: 01/04/2010<br>Title: Vice President |        |                                                        |         |             |  |
| Processed 01/04/2010                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                 |        |                                                        |         |             |  |