| No. C 171424 | | Due | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|---|---|---|---|------------|----------------|--|
| Return to: | | Annual Report Form | | | MICHAEL DUERSCH | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LINXIK INC. MICHAEL DUERSCH 1950 NIAGARA ST IDAHO FALLS ID 83404 | | IDAHO FALLS | 1950 NIAGARA ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | ames and Busin | ess Addresses of F | resident, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY PRESIDENT | | | 5705 BARTON LN 5705 BARTON LN | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83406 83406 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 171424 | | Signature: Mic | | Date: 12/10/2010 | | | | |
| | | Name (type or print): Michael Duersch Title: President | | | | | | |
| Processed 12/10/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |