

|                                                                                                                                                        |                 |                                                                                                                                                             |       |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 109185</b>                                                                                                                                    |                 | <b>Due no later than Dec 31, 2013</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>MAYSVILLE PUMPED STORAGE, LLC<br>MATTHEW SHAPIRO<br>1210 W FRANKLIN ST STE 2<br>BOISE ID 83702 |       | MATTHEW SHAPIRO<br>1210 W FRANKLIN ST STE 2<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                             |       | 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 | Postal Code      |  |
| MEMBER                                                                                                                                                 | MATTHEW SHAPIRO | 1210 W. FRANKLIN ST STE 2                                                                                                                                   | BOISE | ID                                                            | USA     | 83702            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                           |       |                                                               |         |                  |  |
| <b>ID<br/>W 109185</b>                                                                                                                                 |                 | Signature: Matthew Shapiro                                                                                                                                  |       |                                                               |         | Date: 10/31/2013 |  |
|                                                                                                                                                        |                 | Name (type or print): Matthew Shapiro                                                                                                                       |       |                                                               |         | Title: Member    |  |
| Processed 10/31/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                   |       |                                                               |         |                  |  |