

|                                                                                                                                                        |                 |                                                                                                                                                                        |               |                                                                  |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|---------|-------------------|--|
| No. <b>C 90606</b>                                                                                                                                     |                 | <b>Due no later than Oct 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>UNDERGROUND EXPRESSIONS, INCORPORATED<br>T. GREGORY CRIMP<br>402 SHERMAN AVENUE<br>COEUR D'ALENE ID 83814 |               | T. GREGORY CRIMP<br>402 SHERMAN AVENUE<br>COEUR D'ALENE ID 83814 |         |                   |  |
|                                                                                                                                                        |                 |                                                                                                                                                                        |               | 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       |  |
| PRESIDENT                                                                                                                                              | T GREGORY CRIMP | 402 SHERMAN AVE                                                                                                                                                        | COEUR D'ALENE | ID                                                               | USA     | 83814             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                      |               |                                                                  |         |                   |  |
| <b>ID<br/>C 90606</b>                                                                                                                                  |                 | Signature: Nancy Haler                                                                                                                                                 |               |                                                                  |         | Date: 08/11/2011  |  |
|                                                                                                                                                        |                 | Name (type or print): Nancy Haler                                                                                                                                      |               |                                                                  |         | Title: Bookkeeper |  |
| Processed 08/11/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                              |               |                                                                  |         |                   |  |