No. W 46187	Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		to accompany the expension	CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. INDEPENDENT ELECTRICAL SERVICES, LLC JASON SHOEMAKER 209 FREDERICK ST		N	12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
	POST FALLS ID 83854		3. New Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	ames and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TRISHA R SHOEMAKER 209 FREDERICK		209 FREDERICK ST	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
WA	Signature: Trisha Shoemaker			Date: 01/30/2013			
W 46187	Name (type or print): Trisha Shoemaker			Title: Manager			
Processed 01/30/2013	* Electronically provided signatures are accepted as original signatures.						