

No. W 94372	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IEP OFFICE, LLC KATHY WILLIAMSON 2963 E. COPPER POINT DRIVE MERIDIAN ID 83642 USA		JOSEPH H UBERUAGA II 1111 W JEFFERSON ST STE 530 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
MANAGER	DAVID GOUGH	2963 E. COPPER POINT DRIVE	MERIDIAN	ID	USA	83642
MANAGER	JOHN EPPERSON	2963 E. COPPER POINT DRIVE	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 94372	6. Annual Report must be signed.* Signature: Kathy Williamson Name (type or print): Kathy Williamson		Date: 05/27/2012 Title: Aculink Manager			
Processed 05/27/2012		* Electronically provided signatures are accepted as original signatures.				