

|                                                                                                                                                        |                   |                                                                                           |            |                                                       |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|------------------|-------------|--|
| No. <b>C 157593</b>                                                                                                                                    |                   | <b>Due no later than Dec 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>Annual Report Form</b>                                                                 |            | MERLEN D FULLMER<br>386 QUINCY<br>TWIN FALLS ID 83301 |                  |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                                 |            | 3. <u>New</u> Registered Agent Signature:*            |                  |             |  |
|                                                                                                                                                        |                   | FULLMER ENTERPRISES INCORPORATED<br>MERLEN D FULLMER<br>386 QUINCY<br>TWIN FALLS ID 83301 |            |                                                       |                  |             |  |
| 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 |  |
| TREASURER                                                                                                                                              | BARRY A. FULLMER  | 386 QUINCY                                                                                | TWIN FALLS | ID                                                    | USA              | 83301       |  |
| SECRETARY                                                                                                                                              | SHARON N. FULLMER | 386 QUINCY                                                                                | TWIN FALLS | ID                                                    | USA              | 83301       |  |
| PRESIDENT                                                                                                                                              | MERLEN D. FULLMER | 386 QUINCY                                                                                | TWIN FALLS | ID                                                    | USA              | 83301       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                         |            |                                                       |                  |             |  |
| <b>ID<br/>C 157593</b>                                                                                                                                 |                   | Signature: Merlen D. Fullmer                                                              |            |                                                       | Date: 02/06/2012 |             |  |
|                                                                                                                                                        |                   | Name (type or print): Merlen D. Fullmer                                                   |            |                                                       | Title: President |             |  |
| Processed 02/06/2012                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                 |            |                                                       |                  |             |  |