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|--|--------------------|---|------------|---|---------|------------------|--|
| No. W 46187 | | Due no later than Jan 31, 2012 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. INDEPENDENT ELECTRICAL SERVICES, LLC JASON SHOEMAKER 1550 W WATERCRESS AVE POST FALLS WA 83854 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA | | | |
| | | | | 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 | TRISHA R SHOEMAKER | 1550 W WATERCRESS AVE | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| WA | | Signature: Jason C Shoemaker | | | | Date: 01/30/2012 | |
| W 46187 | | Name (type or print): Jason C Shoemaker | | | | Title: Owner | |
| Processed 01/30/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |