

|                                                                                                                                                        |                |                                                                                                                                                          |            |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 66065</b>                                                                                                                                     |                | <b>Due no later than Aug 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><br>ID*ECO, L.L.C.<br>SCOTT J. PETERSON<br>1109 HIGHVIEW LANE<br>TWIN FALLS ID 83301<br>USA |            | SCOTT PETERSON<br>1109 HIGHVIEW LANE<br>TWIN FALLS ID 83301 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                          |            | 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      |  |
| MEMBER                                                                                                                                                 | SCOTT PETERSON | 1109 HIGHVIEW LANE                                                                                                                                       | TWIN FALLS | ID                                                          | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                        |            |                                                             |         |                  |  |
| <b>ID<br/>W 66065</b>                                                                                                                                  |                | Signature: Scott J. Peterson                                                                                                                             |            |                                                             |         | Date: 06/11/2011 |  |
|                                                                                                                                                        |                | Name (type or print): Scott J. Peterson                                                                                                                  |            |                                                             |         | Title: Owner/Op  |  |
| Processed 06/11/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                |            |                                                             |         |                  |  |