

|                                                                                                                                                        |                  |                                                                                                                                                         |            |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>J 1100</b>                                                                                                                                      |                  | <b>Due no later than Jan 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>SURGE CONTROL, LLP<br>WILLIAM F WILSON<br>PO BOX 38<br>COTTONWOOD ID 83522-0038<br>USA |            | WILLIAM F WILSON<br>202 BEAR RIDGE RD<br>COTTONWOOD ID 83522 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                         |            | 3. <u>New</u> Registered Agent Signature:*                   |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |                  |                                                                                                                                                         |            |                                                              |         |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                    | City       | State                                                        | Country | Postal Code |  |
| PARTNER                                                                                                                                                | WILLIAM F WILSON | PO BOX 38                                                                                                                                               | COTTONWOOD | ID                                                           | USA     | 83522       |  |
| PARTNER                                                                                                                                                | JUANITA K WILSON | PO BOX 38                                                                                                                                               | COTTONWOOD | ID                                                           | USA     | 83522       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 1100</b>                                                                                            |                  | 6. Annual Report must be signed.*<br>Signature: William Wilson<br>Name (type or print): William Wilson<br>Date: 01/19/2011<br>Title: Owner              |            |                                                              |         |             |  |
| Processed 01/19/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                               |            |                                                              |         |             |  |