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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 148578</b>                                                                                                                                    |                  | <b>Due no later than Apr 30, 2009</b>                                                                                                          |       | <b>2. Registered Agent and Address (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>                                                                                                                      |       | BLAKE LARSEN<br>161 STOCKHAM BLVD #2<br>RIGBY ID 83442 |         |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>XTREME ELECTRIC, INC.<br>BLAKE LARSEN<br>PO BOX 177<br>RIGBY ID 83440         |       | 3. <u>New</u> Registered Agent Signature: *            |         |             |  |
| 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 |  |
| SECRETARY                                                                                                                                              | SHANELL S LARSEN | PO BOX 177                                                                                                                                     | RIGBY | ID                                                     | USA     | 83442       |  |
| PRESIDENT                                                                                                                                              | BLAKE D LARSEN   | PO BOX 177                                                                                                                                     | RIGBY | ID                                                     | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 148578</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: ShaNell Larsen<br>Name (type or print): ShaNell Larsen<br>Date: 05/06/2009<br>Title: Secretary |       |                                                        |         |             |  |
| Processed 05/06/2009                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                      |       |                                                        |         |             |  |