

|                                                                                                                                                        |            |                                                                                                                                                   |             |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 60390</b>                                                                                                                                     |            | <b>Due no later than Mar 31, 2010</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>MARKS GRADING LLC<br>MARK HJELM<br>5240 E POWER HOUSE DR<br>IDAHO FALLS ID 83406 |             | MARK HJELM<br>5240 E POWER HOUSE DR<br>IDAHO FALLS ID 83406 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                                   |             | 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                                                                                                                                                | MARK HJELM | 5240 E POWER HOUSE DR                                                                                                                             | IDAHO FALLS | ID                                                          | USA     | 83406            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                 |             |                                                             |         |                  |  |
| <b>ID<br/>W 60390</b>                                                                                                                                  |            | Signature: Mark Hjelm                                                                                                                             |             |                                                             |         | Date: 02/08/2010 |  |
|                                                                                                                                                        |            | Name (type or print): Mark Hjelm                                                                                                                  |             |                                                             |         | Title: Manager   |  |
| Processed 02/08/2010                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                         |             |                                                             |         |                  |  |