

No. W 81829		Due no later than Feb 28, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EOS AG PRODUCTS, LLC BEN LONGENECKER PO BOX 1845 TWIN FALLS ID 83301 USA		JON LONGENECKER 1010 JUSTICE GRADE HAGERMAN ID 83332			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name BEN I LONGENECKER	Street or PO Address 1031 PARK AVE		City KIMBERLY	State ID	Country USA	Postal Code 83341
5. Organized Under the Laws of: ID W 81829		6. Annual Report must be signed.* Signature: Ben Longenecker Name (type or print): Ben Longenecker Date: 04/05/2013 Title: Owner					
Processed 04/05/2013 * Electronically provided signatures are accepted as original signatures.							