| No. C 80069  |   | Due no later than Dec 31, 2012  |   | 2. Registered A                         | 2. Registered Agent and Address (NO PO BOX)  |         |             |  |
|--|---|---|---|---|--|---------|-------------|--|
| Return to:   |   | Annual Report Form  |   | 0.000000 000000000000000000000000000000 | CASEY L GOADE 2647 N SILVERLEAF WAY MERIDIAN ID 83646  3. New Registered Agent Signature:* |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |   | 1. Mailing Address: Correct in this box if needed.  SOLID EARTH SOLUTIONS, INC. CASEY L GOADE 2647 N SILVERLEAF WAY MERIDIAN ID 83646 |   | 100000 0000000000000000000000000000000  |  |         |             |  |
|  |   |   |   | 7121402411                              |  |         |             |  |
|  |   |   |   | 3. New Register                         |  |         |             |  |
|  |   |   |   |   |  |         |             |  |
| 4. Corporations: Enter Nar   | mes and Busin   | ess Addresses of  | President, Secretary, and Directors. Treasu | ırer (optional).                        |  |         |             |  |
| Office Held  | Name  |   | Street or PO Address                        | City                                    | State  | Country | Postal Code |  |
| DIRECTOR   | SANDRA J GOADE  |   | 2647 N. SILVERLEAF WAY                      | MERIDIAN                                | ID   | USA     | 83646       |  |
| DIRECTOR   | JOHN D GOADE  |   | 2647 N. SILVERLEAF WAY                      | MERIDIAN                                | ID   | USA     | 83646       |  |
| SECRETARY  | JEFFREY D. GOADE  |   | 12066 LAPAN                                 | BOISE                                   | ID   | USA     | 83709       |  |
| PRESIDENT  | CASEY L GOADE   |   | 1783 CRESCENTVIEW DR.                       | SANDY                                   | υT   | USA     | 84092       |  |
| 5. Organized Under the Laws of: 6. Ann   |   | 6. Annual Repo  | . Annual Report must be signed.*            |   |  |         |             |  |
| ID<br>C 80069  |   | Signature: S  |   | Date: 11/08/2012                        |  |         |             |  |
|  |   | Name (type o  |   | Title: Director                         |  |         |             |  |
| Processed 11/08/2012   | rocessed 11/08/2012 * Electronically provided signatures are accepted as original signatures. |   |   |   |  |         |             |  |