| No. **W 14503** | **Due no later than Feb 28, 2011**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>UICL, LLC<br>DAVE LAWRENCE<br>1825 FLORAL AVE<br>TWIN FALLS ID 83301 | DAVID LAWRENCE<br>1825 FLORAL AVE<br>TWIN FALLS ID 83301<br><br>3. New 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 | DAVID LAWRENCE | 1825 FLORAL AVE | TWIN FALLS | ID | USA | 83301 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 14503** | Signature: David Lawrence | Date: 02/09/2011 |
| | Name (type or print): David Lawrence | Title: Manger |

Processed 02/09/2011

* Electronically provided signatures are accepted as original signatures.