

|                                                                                                                                                        |                      |                                                                                                                                 |       |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 143484</b>                                                                                                                                    |                      | <b>Due no later than Oct 31, 2015</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>POWER CONTROL MANAGEMENT, LLC<br>PO BOX 2781<br>BOISE ID 83701 |       | GARY F CHRISTENSEN<br>950 W BANNOCK #805<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                 |       | 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                                                                                                                                                | GARY F CHRISTENSEN   | PO BOX 2781                                                                                                                     | BOISW | ID                                                         | USA     | 83701-2781       |  |
| MEMBER                                                                                                                                                 | TIMOTHY HICKENLOOPER | PO BOX 2781                                                                                                                     | BOISE | ID                                                         | USA     | 83701-2781       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                               |       |                                                            |         |                  |  |
| <b>ID<br/>W 143484</b>                                                                                                                                 |                      | Signature: Gary F Christensen                                                                                                   |       |                                                            |         | Date: 08/17/2015 |  |
|                                                                                                                                                        |                      | Name (type or print): Gary F Christensen                                                                                        |       |                                                            |         | Title: Manager   |  |
| Processed 08/17/2015                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                       |       |                                                            |         |                  |  |