

|                                                                                                                                                        |                   |                                                                                                                                                               |      |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>C 150558</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2008</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>HOHSFIELD SERVICES, INC<br>TAMMY LARSON<br>834 FALLS AVE STE 1020C<br>TWIN FALLS ID 83301<br>USA |      | TAMMY LARSON<br>834 FALLS AVE STE 1020C<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                               |      | 3. <u>New</u> Registered Agent Signature:*                     |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                               |      |                                                                |         |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                          | City | State                                                          | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | NATHAN HOHSFIELD  | 9753 BEN HALL DR                                                                                                                                              | GALT | CA                                                             | USA     | 95632       |  |
| SECRETARY                                                                                                                                              | SUZANNE HOHSFIELD | 9753 BEN HALL DR                                                                                                                                              | GALT | CA                                                             | USA     | 95632       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 150558</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Suzanne Hohsfield<br>Name (type or print): Suzanne Hohsfield                                                  |      |                                                                |         |             |  |
| Date: 06/30/2008<br>Title: Secretary                                                                                                                   |                   |                                                                                                                                                               |      |                                                                |         |             |  |
| Processed 06/30/2008                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                     |      |                                                                |         |             |  |