

|                                                                                                                                                        |                      |                                                                                                                                                                                                 |            |                                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 31833</b>                                                                                                                                     |                      | <b>Due no later than Jul 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRINITY ELECTRIC LLC<br>MICHAEL P JENSEN<br>337 BLUE LAKES BLVD<br>TWIN FALLS ID 83301<br>USA |            | MICHAEL PERRY JENSEN<br>337 BLUE LAKES BLVD<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                                 |            | 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 |  |
| MEMBER                                                                                                                                                 | MICHAEL PERRY JENSEN | 337 BLUE LAKES BLVD                                                                                                                                                                             | TWIN FALLS | ID                                                                 | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 31833</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Michal P. Jensen<br>Name (type or print): Michal P. Jensen<br>Date: 06/26/2012<br>Title: Member                                                 |            |                                                                    |         |             |  |
| Processed 06/26/2012                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |            |                                                                    |         |             |  |