

|  |                |  |          |   |         |                   |  |
|--|----------------|--|----------|---|---------|-------------------|--|
| No. <b>W 89752</b>   |                | <b>Due no later than Jan 31, 2011</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>ES-O-EN UTAH, LLC<br>S C NICOLAYSEN<br>PO BOX 607<br>MERIDIAN ID 83680 |          | S CARL NICOLAYSEN<br>455 W AMITY<br>MERIDIAN ID 83642 |         |                   |  |
|  |                |  |          | 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   | S C NICOLAYSEN | PO BOX 607   | MERIDIAN | ID  | USA     | 83680             |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |          |   |         |                   |  |
| <b>ID<br/>W 89752</b>  |                | Signature: Jedonne Hines   |          |   |         | Date: 12/13/2010  |  |
|  |                | Name (type or print): Jedonne Hines  |          |   |         | Title: Controller |  |
| Processed 12/13/2010   |                | * Electronically provided signatures are accepted as original signatures.  |          |   |         |                   |  |