| No. W 138371 | | Due no later than May 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------------|--|--------------------------------------|---|-------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | MARK GARDOSKI | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TWIN FALLS CRANE LLC MARK GARDOSKI 1406 KIMBERLY RD TWIN FALLS ID 83301 | | 1406 KIMBERLY RD TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Nar | mes and Address | ses of at least one Member or Manage | er. | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER MARK GARDO | | OSKI | 1406 KIMBERLY RD | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: CHRISTOPHER FREY | | | Date: 04/27/2015 | | | |
| W 138371 | | Name (type or print): CHRISTOPHER FREY | | | Title: ACCOUNTANT | | | |
| Processed 04/27/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |