| No. W 119477  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                     | Due no later than Dec 31, 2014  Annual Report Form   |   | KIMBERLY   | Registered Agent and Address (NO PO BOX)     KIMBERLY CARLSON |            |                |  |
|--|---------------------|--|---|--|---|------------|----------------|--|
|  |                     | 1. Mailing Address: Correct in this box if needed.  THERMAL ASCENT LLC PO BOX 321 SAGLE ID 83860 |   | 139 HEATH LAKE RD SAGLE 83860  3. New Registered Agent Signature:* |   |            |                |  |
|  |                     |  |   |  |   |            |                |  |
| 4. Limited Liability Compar  | nies: Enter N       | ames and Addresse  | es of at least one Member or Manager.       |  |   |            |                |  |
| Office Held  | Name                |  | Street or PO Address                        | City   | State   | Country    | Postal Code    |  |
| MANAGER<br>MANAGER   | DAVID W<br>KIMBERLY | CARLSON<br>K CARLSON   | 139 HEQATH LAKE RD<br>139 HEATH LAKE RD     | SAGLE<br>SAGLE   | ID<br>ID  | USA<br>USA | 83860<br>83860 |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Repor  | t must be signed.*                          |  |   |            |                |  |
| ID<br>W 119477   |                     | Signature: Kimberly K Carlson  |   | Date: 10/25/2014   |   |            |                |  |
|  |                     | Name (type o   | r print): Kimberly K Carlson                | Title: Manager   |   |            |                |  |
| Processed 10/25/2014   |                     | * Electronically p   | rovided signatures are accepted as original | signatures.  |   |            |                |  |