

| | | | | | | | |
|--|------------------|--|------------|--|---------|-------------|--|
| No. W 40650 | | Due no later than Jun 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AES EQUIPMENT, L.L.C. TIMOTHY L GATTEN PO BOX 3467 POST FALLS ID 83877-3467 | | TIMOTHY L GATTEN 602 N CALCARY CT SUITE 301 POST FALLS ID 83854 | | | |
| | | | | 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 | |
| MANAGER | DUSTIN L GATTEN | 602 N CALGARY CT SUITE 301 | POST FALLS | ID | USA | 83854 | |
| MANAGER | TIMOTHY L GATTEN | 602 N. CALGARY CT. SUITE 301 | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: ID W 40650 | | 6. Annual Report must be signed.* Signature: Tyler Morton Name (type or print): Tyler Morton Date: 04/20/2011 Title: Practice Manager | | | | | |
| Processed 04/20/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |