

No. W 14503	Due no later than February 29, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable UICL, LLC DAVE LAWRENCE 1825 FLORAL AVE TWIN FALLS, ID 83301		DAVID LAWRENCE 1825 FLORAL AVE TWIN FALLS, ID 83301																		
			3. New Registered Agent Signature 																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Dave Lawrence</td> <td>1825 Floral ave.</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td></td> <td>Alta Reedell Lawrence</td> <td>1825 Floral Ave TF</td> <td>Id</td> <td></td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		Dave Lawrence	1825 Floral ave.	Twin Falls	Id	83301		Alta Reedell Lawrence	1825 Floral Ave TF	Id		83301
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5. Organized Under the Laws of: IDAHO W 14503	6. Signature  Name (Typed or Printed) <u>DAVE LAWRENCE</u>		Date <u>Jan 30, 08</u> Title <u>Manager</u>																		

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Do Not Tape or Staple

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