INSTRUCTIONS ON REVERSE SIDE Idaho Limited Liability Company Annual Report Form 2. Registered Agent and Office NOT A P.O. BOX No: ISHELLY D COBEN Due No Later Than November 30, 1005 721 DOESKIN DR Return To 1. Mailing Address -- Please Correct If Not Correct Secretary of State ENERGY SERVICES, AN IDAHO LIMIT HAILEY ID. 83333 700 W Jefferson SHELLY D COBEN P.O. Box 83720 P 0 30x 1137 3. Organized Under The Laws of Boise, ID 83720-0080 ID NO FEE REQUIRED HAILEY ID 83333 NO: 378 Managers or 4. Names and Addresses of ☐ Members (check one) MUST BE PRINTED OR TYPED Name Street or P.O. Address City State 5 4 1 Zip Shelly Coben 63333 721 Doeskin Dr ID Hailey PO BOX 1137 5. Signature of the Current Registered Agent 6. I certify that this Annual Report has been examined by me and is to the best of my (if changed in block 2) knowledge true, correct and complete. Signature Name (Typed or Shelly Coben