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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 31833</b>                                                                                                                                     |                      | <b>Due no later than Jul 31, 2014</b>                                                                                                                                                       |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRINITY ELECTRIC LLC<br>MICHAEL P JENSEN<br>PO BOX 816<br>TWIN FALLS ID 83303-0816<br>USA |            | MICHAEL PERRY JENSEN<br>691 ADDISON AVE<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                             |            | 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 |  |
| MEMBER                                                                                                                                                 | MICHAEL PERRY JENSEN | PO BOX 816                                                                                                                                                                                  | TWIN FALLS | ID                                                             | USA     | 83303-0816  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 31833</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Michael Jensen<br>Name (type or print): Michael Jensen<br>Date: 05/12/2014<br>Title: Owner                                                  |            |                                                                |         |             |  |
| Processed 05/12/2014                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |            |                                                                |         |             |  |