| No. W 23214 | | Due no later than Mar 31, 2012 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|---|--|--|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | GALE KLEINKOPF 1572 PRINCETON DR TWIN FALLS ID 83301-4235 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing | | | | | | |
| | | G E K CONSULTING AND MANAGEMENT SERVICES, L.L.C. GALE KLEINKOPF 1572 PRINCETON DR | | | | | | |
| | | TWIN FALLS ID 83301-4235 | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Co | mpanies: Enter Na | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER GALE KLEINI | | KOPF | 1572 PRINCETON DR | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| 110 | | Signature: Gale Kleinkopf | | | Date: 01/11/2012 | | | |
| W 23214 | | Name (type or print): Gale Kleinkopf | | | Title: President | | | |
| Processed 01/11/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |