

|                                                                                                                                                        |                     |                                                                                                                                                               |             |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 21424</b>                                                                                                                                     |                     | <b>Due no later than Nov 30, 2012</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>1. Mailing Address: Correct in this box if needed.</b><br><br>TWO U DRILLING, L.L.C.<br>WILLIAM F UHLENKOTT<br>PO BOX 214<br>COTTONWOOD ID 83522<br>USA    |             | WILLIAM F UHLENKOTT<br>306 GULCH RD<br>GRANGEVILLE ID 83530 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                               |             | 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                                                                                                                                                 | WILLIAM F UHLENKOTT | 306 GULCH ROAD                                                                                                                                                | GRANGEVILLE | ID                                                          | USA     | 83530       |  |
| MEMBER                                                                                                                                                 | TIM J UHLENKOTT     | 725 TWIN HOUSE ROAD                                                                                                                                           | GRANGEVILLE | ID                                                          | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 21424</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: William F Uhlenkott<br>Name (type or print): William F Uhlenkott<br>Date: 09/21/2012<br>Title: Member/Manager |             |                                                             |         |             |  |
| Processed 09/21/2012                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                     |             |                                                             |         |             |  |