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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 24807</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2011</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>INSPECTION & CONSULTANT SERVICES, LIMITED LIABILITY<br>COMPANY<br>JAMES F. WILHITE<br>13355 MERLOT PL<br>CALDWELL ID 83607<br>USA |          | JAMES F WILHITE<br>13355 MERLOT PL<br>CALDWELL ID 83607 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                |          | 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                                                                                                                                                 | JAMES F WILHITE | 16349 FLORIDA AVE                                                                                                                                                                              | CALDWELL | ID                                                      | USA     | 83607       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 24807</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: James F. Wilhite<br>Name (type or print): James F. Wilhite<br>Date: 06/19/2011<br>Title: Member                                                |          |                                                         |         |             |  |
| Processed 06/19/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |          |                                                         |         |             |  |