

|                                                                                                                                                        |                 |                                                                                                                                                                   |          |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 73916</b>                                                                                                                                     |                 | Due no later than May 31, 2009<br><b>Annual Report Form</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>TOTAL COMMUNICATION SERVICES, LLC<br>SCOTT H NICHOLS<br>2730 W VAL VISTA CT<br>MERIDIAN ID 83642 |          | SCOTT H NICHOLS<br>2730 W VAL VISTA CT<br>MERIDIAN ID 83642 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                   |          | 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 |  |
| MANAGER                                                                                                                                                | SCOTT H NICHOLS | 2730 W VAL VISTA CT                                                                                                                                               | MERIDIAN | ID                                                          | USA     | 83642       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73916</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Scott Nichols<br>Name (type or print): Scott Nichols<br>Date: 04/20/2009<br>Title: Manager                        |          |                                                             |         |             |  |
| Processed 04/20/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                         |          |                                                             |         |             |  |