

|                                                                                                                                                        |                |                                                                                                                                  |             |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 59626</b>                                                                                                                                     |                | <b>Due no later than Feb 28, 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><br>WAGONER & SONS, LLC<br>113 E 49TH SOUTH<br>IDAHO FALLS ID 83404 |             | SCOTT P ESKELSON<br>425 S HOLMES AVE<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                  |             | 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                                                                                                                                                 | STEVEN WAGONER | 113 E 49TH SOUTH                                                                                                                 | IDAHO FALLS | ID                                                           | USA     | 83404            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                |             |                                                              |         |                  |  |
| <b>ID<br/>W 59626</b>                                                                                                                                  |                | Signature: Steven Wagoner                                                                                                        |             |                                                              |         | Date: 03/05/2011 |  |
|                                                                                                                                                        |                | Name (type or print): Steven Wagoner                                                                                             |             |                                                              |         | Title: Member    |  |
| Processed 03/05/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                        |             |                                                              |         |                  |  |