

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90171 001 \*\*\*\*50.00

**DOCUMENT # M01000001978**

1. Entity Name

**NORTH SHELL & HIGEL, L.L.C.**

Principal Place of Business

Mailing Address

**2349 JAMESTOWN AVE.  
INDEPENDENCE IA 50644****2349 JAMESTOWN AVE.  
INDEPENDENCE IA 50644**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 773**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
**Independence, Iowa**4. FEI Number **36-4351006**

Applied For

Not Applicable

Zip

Country

Zip  
**50644**

Country

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.  
1300 EXECUTIVE CENTER DR., #425  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **BLIN MANAGEMENT CO.**  
STREET ADDRESS **P.O. BOX 773**  
CITY-ST-ZIP **INDEPENDENCE IA 50644**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

07/30/02

319-334-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)