2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# M01000002867

Entity Name: E & D COMPANY, PLLC

Current Principal Place of Business:

4943 NORTH 29TH EAST
SUITE A
IDAHO FALLS, ID 83401

New Principal Place of Business:

Current Mailing Address:

4943 NORTH 29TH EAST
SUITE A
IDAHO FALLS, ID 83401

New Mailing Address:

FEI Number: 82-0525954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES INC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOUTH, JASON P
Address: 4943 NORTH 29TH EAST, SUITE A
City-St-Zip: IDAHO FALLS, ID 83401

Title: MGRM ( ) Delete
Name: WEBER, DOUGLAS H
Address: 4943 NORTH 29TH EAST, SUITE A
City-St-Zip: IDAHO FALLS, ID 83401

Title: MGRM ( ) Delete
Name: BATEMAN, TERROL M
Address: 4943 NORTH 29TH EAST, SUITE A
City-St-Zip: IDAHO FALLS, ID 83401

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON P. SOUTH MGRM 01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date