

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000031

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: IVESCO, LLC

**Current Principal Place of Business:**

124 COUNTRY CLUB ROAD  
IOWA FALLS, IA 50126

**New Principal Place of Business:**

**Current Mailing Address:**

124 COUNTRY CLUB ROAD  
IOWA FALLS, IA 50126

**New Mailing Address:**

FEI Number: 20-3841317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: KRUSE, THOMAS J  
Address: 124 COUNTRY CLUB ROAD  
City-St-Zip: IOWA FALLS, IA 50126

Title: MGR ( ) Delete  
Name: DOUGAN, THOMAS L  
Address: 124 COUNTRY CLUB ROAD  
City-St-Zip: IOWA FALLS, IA 50126

Title: MGR ( ) Delete  
Name: SCHAMERLOH, DUANE  
Address: 124 COUNTRY CLUB ROAD  
City-St-Zip: IOWA FALLS, IA 50126

**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 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: DUANE SCHAMERLOH

MGR

04/12/2007

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