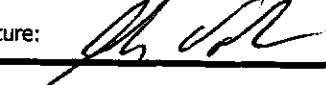


No. W 37791	Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009		2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA W VOLCKO 923 OLIVER RD VICTOR ID 83455	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. VOLCKO CONSTRUCTION LLC 923 OLIVER RD VICTOR ID 83455		3. New Registered Agent Signature. PO Box 949 Victor ID 83455	
REINSTATEMENT Fee Due: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member Manager (circle one)	Name	Street or PO Address	City	State Country Postal Code
Member	Joshua Volcko	PO Box 949	Victor	ID USA 83455
5. Organized Under the Laws of:	6.			
IDAHO W 37791	Signature:  Name (type or print): Joshua Volcko Date: 7-16-11 Title: Managing Member			
Issued 07/12/2011 by SLD				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.