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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|---------------------|
| No. <b>W 61197</b>                                                                                                                                     |               | <b>Due no later than Apr 30, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>KNOW-HOW CONSTRUCTION SERVICES LLC<br>JEFF KINNEY<br>5997 ROLLING HILLS PL<br>MARSING ID 83639 |         | JEFFERY F KINNEY<br>5997 ROLLING HILLS PL<br>MARSING ID 83639 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                                                  |         | 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 |
| MANAGER                                                                                                                                                | JEFF KINNEY   | 5997 ROLLING HILLS PL                                                                                                                                                                            | MARSING | ID                                                            | 83639               |
| MANAGER                                                                                                                                                | SHARIE KINNEY | 5997 ROLLING HILLS PL                                                                                                                                                                            | MARSING | ID                                                            | 83639               |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                                                |         |                                                               |                     |
| <b>ID<br/>W 61197</b>                                                                                                                                  |               | Signature: Jeff Kinney                                                                                                                                                                           |         | Date: 04/22/2015                                              |                     |
|                                                                                                                                                        |               | Name (type or print): Jeff Kinney                                                                                                                                                                |         | Title: Manager                                                |                     |
| Processed 04/22/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |         |                                                               |                     |