

|                                                                                                                                                        |                |                                                                                                                                                                                                    |          |                                                               |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 45466</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 2010</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>SUTTON FABRICATING & REPAIR, LLC<br>LOREN E SUTTON<br>795 EAGLES POINTE BLD<br>LEWISTON ID 83501 |          | LOREN E SUTTON<br>795 EAGLES POINTE BLVD<br>LEWISTON ID 83501 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                                                    |          | 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                                                                                                                                                | LOREN E SUTTON | 1802 AIRWAY AVE                                                                                                                                                                                    | LEWISTON | ID                                                            | USA     | 83501            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                                  |          |                                                               |         |                  |  |
| <b>ID<br/>W 45466</b>                                                                                                                                  |                | Signature: Loren E. Sutton                                                                                                                                                                         |          |                                                               |         | Date: 10/08/2010 |  |
|                                                                                                                                                        |                | Name (type or print): Loren E. Sutton                                                                                                                                                              |          |                                                               |         | Title: Manager   |  |
| Processed 10/08/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |          |                                                               |         |                  |  |