

|                                                                                                                                                        |                |                                                                                                                                              |       |                                                                   |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 25722</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br><br>NORTHERN CONSTRUCTION, LLC<br>GARY SCHACHER<br>PO BOX 221<br>EAGLE ID 83616 |       | GARY SCHACHER<br>1250 E IRON EAGLE DR SUITE 300<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                              |       | 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                                                                                                                                                | TAMMY SCHACHER | 1250 E IRON EAGLE DR SUITE 300                                                                                                               | EAGLE | ID                                                                | USA     | 83616            |  |
| MANAGER                                                                                                                                                | GARY SCHACHER  | 1250 E IRON EAGLE DR SUITE 300                                                                                                               | EAGLE | ID                                                                | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                            |       |                                                                   |         |                  |  |
| <b>ID<br/>W 25722</b>                                                                                                                                  |                | Signature: Tammy Schacher                                                                                                                    |       |                                                                   |         | Date: 06/22/2018 |  |
|                                                                                                                                                        |                | Name (type or print): Tammy Schacher                                                                                                         |       |                                                                   |         | Title: Manager   |  |
| Processed 06/22/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                                   |         |                  |  |