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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>W 84178</b>                                                                                                                                     |               | <b>Due no later than May 31, 2018</b>                                                                                                                             |                | <b>Annual Report Form</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>AWM CONSTRUCTION LLC.<br>ADAM W MCMANN<br>8081 N SUDANCE DRIVE<br>COEUR D' ALENE ID 83815<br>USA |                | ADAM MCMANN<br>8081 N SUDANCE DRIVE<br>COEUR D' ALENE ID 83815-8381 |         |                                                    |  |
|                                                                                                                                                        |               |                                                                                                                                                                   |                | 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                                                                                                                                                | ADAM W MCMANN | 8081 N SUDANCE DRIVE                                                                                                                                              | COEUR D' ALENE | ID                                                                  | USA     | 83815                                              |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                 |                |                                                                     |         |                                                    |  |
| <b>ID<br/>W 84178</b>                                                                                                                                  |               | Signature: Adam McMann                                                                                                                                            |                |                                                                     |         | Date: 04/17/2018                                   |  |
|                                                                                                                                                        |               | Name (type or print): Adam McMann                                                                                                                                 |                |                                                                     |         | Title: Manager                                     |  |
| Processed 04/17/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                         |                |                                                                     |         |                                                    |  |