

No. W 167196	Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		TIMOTHY MOORE 1019 TRAVIS RD POTLATCH ID 83855			
	MOORE QUALITY CONTRACTORS LLC TIMOTHY MOORE 1019 TRAVIS RD POTLATCH ID 83855		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
MEMBER	KERRI MOORE	1019 TRAVIS RD	POTLATCH	ID	USA	83855
5. Organized Under the Laws of: ID W 167196		6. Annual Report must be signed.* Signature: timothy o moore Name (type or print): timothy o moore		Date: 03/22/2018 Title: owner		
Processed 03/22/2018		* Electronically provided signatures are accepted as original signatures.				