

FILED EFFECTIVE

| No. W 133950 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|---|---------------------------------------|---------------------|---|-----------------------|-------|---------|-------------|---|--------------|---------|-------------|-----|--|-------|---|----------------|---------|-------------|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. MORCO CONSTRUCTION LLC 10234 S RAYMOND RD MCCAMMON ID 83250 PO Box 385 McCammon ID 83250 | | ROGER MORRIS 10234 S RAYMOND RD MCCAMMON ID 83250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Roger Morris</td> <td>Box 385</td> <td>McCammon ID</td> <td>USA</td> <td></td> <td>83250</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kirsten Morris</td> <td>Box 385</td> <td>McCammon ID</td> <td>USA</td> <td></td> <td>83250</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Roger Morris | Box 385 | McCammon ID | USA | | 83250 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Kirsten Morris | Box 385 | McCammon ID | USA | | 83250 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. Organized Under the Laws of: IDAHO W 133950 | 6. <table> <tr> <td>Signature: <u><i>Roger Morris</i></u></td> <td>Date: <u>6-8-16</u></td> </tr> <tr> <td>Name (type or print): <u>Roger Morris</u></td> <td>Title: <u>Manager</u></td> </tr> </table> | | | Signature: <u><i>Roger Morris</i></u> | Date: <u>6-8-16</u> | Name (type or print): <u>Roger Morris</u> | Title: <u>Manager</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: <u><i>Roger Morris</i></u> | Date: <u>6-8-16</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): <u>Roger Morris</u> | Title: <u>Manager</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |