

|  |                        |   |             |  |         |             |  |
|--|------------------------|---|-------------|--|---------|-------------|--|
| No. <b>W 32723</b>   |                        | Due no later than Aug 31, 2015<br><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>CH2M-WG IDAHO, LLC<br>1955 N. FREMONT<br>IDAHO FALLS ID 83415<br>USA |             | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
|  |                        |   |             | 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  | MARK SPEARS            | 1955 N. FREMONT   | IDAHO FALLS | ID   | USA     | 83415       |  |
| MANAGER  | MICHAEL "MIKE" MCKELVY | 1955 N. FREMONT   | IDAHO FALLS | ID   | USA     | 83415       |  |
| MANAGER  | MARK DEAN FALLON       | 1955 N. FREMONT   | IDAHO FALLS | ID   | USA     | 83415       |  |
| MANAGER  | MARK LINDHOLM          | 1955 N. FREMONT   | IDAHO FALLS | ID   | USA     | 83415       |  |
| MANAGER  | ELLEN LIVINGSTON-BEHAN | 1955 N. FREMONT   | IDAHO FALLS | ID   | USA     | 83415       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 32723</b>   |                        | 6. Annual Report must be signed.*<br>Signature: Michelle Donato<br>Name (type or print): Michelle Donato                          |             |  |         |             |  |
|  |                        | Date: 07/17/2015<br>Title: POA  |             |  |         |             |  |
| Processed 07/17/2015   |                        | * Electronically provided signatures are accepted as original signatures.   |             |  |         |             |  |