No. **W 59180**	**Due no later than Feb 28, 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.** SUMMIT UTILITY CONTRACTORS LLC BRENNAN J DUCLOS PO BOX 198 LEWISTON ID 83501	BRENNAN DUCLOS 1081 BIGHORN DR LEWISTON ID 83501 3. New 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	BRENNAN DUCLOS	1081 BIGHORN DR	LEWISTON	ID		83501
MEMBER	CONNIE DUCLOS	1081 BIGHORN DR	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 59180**	Signature: Connie Duclos	Date: 01/09/2018
	Name (type or print): Connie Duclos	Title: Member

Processed 01/09/2018

* Electronically provided signatures are accepted as original signatures.