

|                                                                                                                                                        |               |                                                                                                                                                                    |            |                                                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 138252</b>                                                                                                                                    |               | <b>Due no later than May 31, 2017</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>LIHC LLC<br>MOUNTAIN POWER CONSTRUCTION COMPANY<br>5299 N PLEASANT VIEW RD<br>POST FALLS ID 83854 |            | MOUNTAIN POWER CONSTRUCTION COMPANY<br>5299 N PLEASANT VIEW RD<br>POST FALLS ID 83854 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                                    |            | 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                                                                                                                                                 | SHAWN SPENCER | 5299 N PLEASANT VIEW ROAD                                                                                                                                          | POST FALLS | ID                                                                                    | USA     | 83854            |  |
| MEMBER                                                                                                                                                 | LARS RICHARDS | 5299 N PLEASANT VIEW ROAD                                                                                                                                          | POST FALLS | ID                                                                                    | USA     | 83854            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                  |            |                                                                                       |         |                  |  |
| <b>ID<br/>W 138252</b>                                                                                                                                 |               | Signature: Paige Richards                                                                                                                                          |            |                                                                                       |         | Date: 03/25/2017 |  |
|                                                                                                                                                        |               | Name (type or print): Paige Richards                                                                                                                               |            |                                                                                       |         | Title: Assistant |  |
| Processed 03/25/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                          |            |                                                                                       |         |                  |  |