| No. W 142139 | | Due no later than Sep 30, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|---|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | OSCAR WILLIAM KOSKINEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. OSCAR KOSKINEN CONTRACTING L.L.C. OSCAR W KOSKINEN 124 WINONA RD KAMIAH ID 83536 USA | | KAMIAH ID | 124 WINONA RD KAMIAH ID 83536 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | OSCAR W KOSKINEN | | 124 WINONA ROAD | KAMIAH | ID | USA | 83536 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Osc | | Date: 07/22/2015 | | | | |
| W 142139 | | Name (type or | | Title: Owner | | | | |
| Processed 07/22/2015 | | * Electronically pr | Electronically provided signatures are accepted as original signatures. | | | | | |