


| No. <b>W 41875</b>  |                     | Due no later than Aug 31, 2011<br>Annual Report Form   |        | 2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )<br>LESLIE L ROBERTS<br>300 KRAHN LN<br>MCCALL ID 83638 |         |                   |      |                      |      |       |         |             |  |                     |  |  |  |  |  |  |                  |               |        |    |        |              |
|---|---------------------|--|--------|---|---------|-------------------|------|----------------------|------|-------|---------|-------------|--|---------------------|--|--|--|--|--|--|------------------|---------------|--------|----|--------|--------------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                     | 1. Mailing Address: Correct in this box if needed.<br>MCCALL ROOFING SUPPLY, LLC<br>LESLIE L ROBERTS<br>PO BOX 2663<br>MCCALL ID 83638     |        | 3. New 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><input checked="" type="radio"/> Manager</td> <td>Member (circle one)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Leslie L Roberts</td> <td>P.O. Box 2663</td> <td>McCall</td> <td>ID</td> <td>Valley</td> <td>83638<br/>USA</td> </tr> </tbody> </table> |                     |  |        |   |         | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | <input checked="" type="radio"/> Manager | Member (circle one) |  |  |  |  |  |  | Leslie L Roberts | P.O. Box 2663 | McCall | ID | Valley | 83638<br>USA |
| Manager or Member   | Name                | Street or PO Address   | City   | State   | Country | Postal Code       |      |                      |      |       |         |             |  |                     |  |  |  |  |  |  |                  |               |        |    |        |              |
| <input checked="" type="radio"/> Manager  | Member (circle one) |  |        |   |         |                   |      |                      |      |       |         |             |  |                     |  |  |  |  |  |  |                  |               |        |    |        |              |
|   | Leslie L Roberts    | P.O. Box 2663  | McCall | ID  | Valley  | 83638<br>USA      |      |                      |      |       |         |             |  |                     |  |  |  |  |  |  |                  |               |        |    |        |              |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 41875   |                     | 6. Signature: <br>Name (type or print): Leslie L. Roberts |        | Date: 8/29/11<br>Title: Manager   |         |                   |      |                      |      |       |         |             |  |                     |  |  |  |  |  |  |                  |               |        |    |        |              |
| Issued 08/24/2011 by JL1  |                     |  |        | 112191  |         |                   |      |                      |      |       |         |             |  |                     |  |  |  |  |  |  |                  |               |        |    |        |              |

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM