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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 105703</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2016</b>                                                                                                                                      |        | <b>2. Registered Agent and Address (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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GANS EXCAVATION, INC.<br>FORREST E GANS<br>PO BOX 217<br>MCCALL ID 83638 |        | FORREST E GANS<br>114 CAREFREE LANE<br>MCCALL ID 83638 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                            |        | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                            |        |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                       | City   | State                                                  | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | FORREST E GANS | PO BOX 217                                                                                                                                                                 | MCCALL | ID                                                     | USA     | 83638       |  |
| DIRECTOR                                                                                                                                               | CARLEEN GANS   | PO BOX 217                                                                                                                                                                 | MCCALL | ID                                                     | USA     | 83638       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 105703</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Forrest E Gans<br>Name (type or print): Forrest E Gans                                                                     |        |                                                        |         |             |  |
| Date: 03/02/2016<br>Title: President                                                                                                                   |                |                                                                                                                                                                            |        |                                                        |         |             |  |
| Processed 03/02/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                  |        |                                                        |         |             |  |