

|                                                                                                                                                        |                    |                                                                                                                                              |        |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 51305</b>                                                                                                                                     |                    | <b>Due no later than Jun 30, 2011</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>DOLOUGHAN CONSTRUCTION LLC<br>RORY DOLOUGHAN<br>898 LEMHI RD<br>SALMON ID 83467 |        | GREGORY C CALDER<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                              |        | 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      |  |
| MANAGER                                                                                                                                                | RORY DOLOUGHAN     | 898 LEMHI RD                                                                                                                                 | SALMON | ID                                                           | USA     | 83467            |  |
| MANAGER                                                                                                                                                | CASSIE C DOLOUGHAN | 898 LEMHI RD.                                                                                                                                | SALMON | ID                                                           | USA     | 83467            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                            |        |                                                              |         |                  |  |
| <b>ID<br/>W 51305</b>                                                                                                                                  |                    | Signature: Cassie Doloughan                                                                                                                  |        |                                                              |         | Date: 06/07/2011 |  |
|                                                                                                                                                        |                    | Name (type or print): Cassie Doloughan                                                                                                       |        |                                                              |         | Title: Treasurer |  |
| Processed 06/07/2011                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                    |        |                                                              |         |                  |  |