| No. W 9294 | | Due no later than Jul 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|-------------------------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | JAMES M MACFARLANE 7900 RICHEY ROAD FRUITLAND ID 83619 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JIM MACFARLANE CONSTRUCTION, LLC JAMES L MACFARLANE PO BOX 569 FRUITLAND ID 83619-0569 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 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 JAMES L M/ | | ACFARLANE | 7900 RICHEY ROAD P.O. BOX 569 | FRUITLAND | ID | USA | 83619-0569 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| OR W 9294 | | Signature: Lynn A. McKinney | | Date: 05/23/2016 | | | |
| | | Name (type or print): Lynn A. McKinney | | Title: Sec/Bookkeeper | | | |
| Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |