

No. <b>W 62226</b>		<b>Due no later than May 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SAMANTHA COCHRANE 710 WASHINGTON ST SMELTERVILLE ID 83868			
		<b>1. Mailing Address: Correct in this box if needed.</b> COCHRANE EXCAVATION LLC SAMANTHA K COCHRANE PO BOX 13 CATALDO ID 83810 USA		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	RONALD D COCHRANE	PO BOX 13	CATALDO	ID	USA	83810-1013	
MANAGER	SAMANTHA K COCHRANE	PO BOX 13	CATALDO	ID	USA	83810-1013	
5. Organized Under the Laws of:  <b>ID W 62226</b>		6. Annual Report must be signed.* Signature: Samantha Cochrane Name (type or print): Samantha Cochrane Date: 04/06/2009 Title: Manager/Member					
Processed 04/06/2009		* Electronically provided signatures are accepted as original signatures.					