No. **W 144101**	**Due no later than Nov 30, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SUMMERS QUARRY LLC SUMMERS QUARRY LLC JASON MINK 3151 HWY 95 CAMBRIDGE ID 83610	JASON H MINK 3151 HWY 95 CAMBRIDGE ID 83610 3. New 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	JASON MINK SUMMERS QUARRY	3151 HIGHWAY 95	CAMBRIDGE	ID	USA	83610

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 144101**	Signature: Jason Mink	Date: 09/27/2016
	Name (type or print): Jason Mink	Title: Owner

Processed 09/27/2016

* Electronically provided signatures are accepted as original signatures.