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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|---------|-------------|
| No. <b>W 109391</b>                                                                                                                                    | <b>Due no later than Dec 31, 2015</b><br><b>Annual Report Form</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>                  |                                                                                                | UNITED STATES CORPORATION AGEN<br>950 BANNOCK ST STE 1100<br>BOISE ID 83702 |                                  |         |             |
|                                                                                                                                                        | WARNER EXCAVATION LLC<br>JOE WARNER<br>4256 LANDORE RD<br>COUNCIL ID 83612 |                                                                                                | 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                                                                                                                                                | JOE A WARNER                                                               | 4256 LANDORE RD                                                                                | COUNCIL                                                                     | ID                               | USA     | 83612       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 109391</b>                                                                                    |                                                                            | 6. Annual Report must be signed.*<br>Signature: Joe Warner<br>Name (type or print): Joe Warner |                                                                             | Date: 10/19/2015<br>Title: QWNER |         |             |
| Processed 10/19/2015                                                                                                                                   |                                                                            | * Electronically provided signatures are accepted as original signatures.                      |                                                                             |                                  |         |             |