No. **W 62226**	**Due no later than May 31, 2013** **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.** COCHRANE EXCAVATION LLC SAMANTHA K COCHRANE PO BOX 13 CATALDO ID 83810-1013 USA	SAMANTHA COCHRANE 710 WASHINGTON ST SMELTERVILLE ID 83868 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	SAMANTHAN COCHRANE	PO BOX 13	CATALDO	ID	USA	83810
MANAGER	RONALD D COCHRANE	PO BOX 13	CATALDO	ID	USA	83810-1013

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 62226**	Signature: Samantha Cochrane	Date: 04/03/2013
	Name (type or print): Samantha Cochrane	Title: Owner/Manager

Processed 04/03/2013

* Electronically provided signatures are accepted as original signatures.