

|                                                                                                                                                        |              |                                                                                                                                                                                       |       |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 10413</b>                                                                                                                                     |              | <b>Due no later than Dec 31, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>G & S EXCAVATION, LLC<br>TOM GIANNINI<br>12751 ORCHARD AVE<br>NAMPA ID 83651<br>USA |       | TOM GIANNINI<br>12751 ORCHARD AVE<br>NAMPA ID 83651 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                       |       | 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                                                                                                                                                | TOM GIANNINI | 12751 ORCHARD AVE                                                                                                                                                                     | NAMPA | ID                                                  | USA     | 83651-8110  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 10413</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Angela Yancy<br>Name (type or print): Angela Yancy                                                                                    |       |                                                     |         |             |  |
|                                                                                                                                                        |              | Date: 10/16/2012<br>Title: Bookkeeper                                                                                                                                                 |       |                                                     |         |             |  |
| Processed 10/16/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                             |       |                                                     |         |             |  |