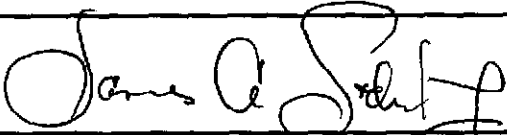


No. <b>W 142782</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JAMES A SODERBERG 874 BEERS HUMBIRD RD SAGLE ID 83860																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SODERBERG ESTIMATING LIMITED COMPANY 874 BEERS HUMBIRD RD SAGLE ID 83860		3. <u>New</u> Registered Agent Signature.																																			
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>James A SODERBERG</td><td>874 BEERS HUMBIRD RD</td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td>SAGLE ID 83860</td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	James A SODERBERG	874 BEERS HUMBIRD RD					Manager <input type="checkbox"/> Member <input type="checkbox"/>		SAGLE ID 83860					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>					
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 142782</b>	6. Signature:  Date: Name (type or print): <u>JAMES A. SODERBERG</u> Title:																																					