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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 31809</b>                                                                                                                                     |                      | <b>Due no later than Jul 31, 2013</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><br>ISLAND PARK GENERAL CONTRACTORS, LLC<br>CANDACE MACKIE<br>3553 YALE-KILGORE RD<br>ISLAND PARK ID 83429<br>USA |             | GENEVIEVE PRAHASTO<br>3553 YALE KILGORE RD<br>ISLAND PARK ID 83429 |         |                       |  |
|                                                                                                                                                        |                      |                                                                                                                                                                            |             | 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           |  |
| MEMBER                                                                                                                                                 | TIMOTHY J VOLLWEILER | 3553 YALE/KILGORE RD                                                                                                                                                       | ISLAND PARK | ID                                                                 | USA     | 83429                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                                          |             |                                                                    |         |                       |  |
| <b>ID<br/>W 31809</b>                                                                                                                                  |                      | Signature: Candace Mackie                                                                                                                                                  |             |                                                                    |         | Date: 07/31/2013      |  |
|                                                                                                                                                        |                      | Name (type or print): Candace Mackie                                                                                                                                       |             |                                                                    |         | Title: Office Manager |  |
| Processed 07/31/2013                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                  |             |                                                                    |         |                       |  |