


No. W 58450	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL L MURPHY 959 MEADOW HURST ST MARIES ID 83861							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MIKE MURPHY CONTRACTING, L.L.C. 959 MEADOW HURST ST MARIES ID 83861		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Manager or Member</td> <td style="width: 25%;">Name</td> <td style="width: 25%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 5%;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>MIKE MURPHY</i>	<i>959 W MEADOWHURST</i>	<i>ST MARIES</i>	<i>ID.</i>	<i>BENEVAH.</i>	<i>83861</i>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: IDAHO W 58450	6. Signature:  Name (type or print): <i>MICHAEL L. MURPHY</i>		Date: <i>12/9/16</i> Title: <i>OWNER</i>							
Issued 11/23/2016 by TLB			101417							