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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 8626</b>                                                                                                                                      |                     | <b>Due no later than Apr 30, 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>DESPAIN CONSTRUCTION, L.L.C.<br>MARCI KAY DESPAIN<br>363 W 300 N<br>BLACKFOOT ID 83221<br>USA |           | ROBERT LYNN DESPAIN<br>363 W 300 N<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                            |           | 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                                                                                                                                                | ROBERT LYNN DESPAIN | 363 W 300 N                                                                                                                                                | BLACKFOOT | ID                                                       | USA     | 83221       |  |
| MANAGER                                                                                                                                                | JOSEPH LUKE DESPAIN | 548 W 75 S                                                                                                                                                 | BLACKFOOT | ID                                                       | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 8626</b>                                                                                            |                     | 6. Annual Report must be signed.*<br>Signature: Marci Despain<br>Name (type or print): Marci Despain                                                       |           |                                                          |         |             |  |
|                                                                                                                                                        |                     | Date: 02/13/2013<br>Title: Office Manager                                                                                                                  |           |                                                          |         |             |  |
| Processed 02/13/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                  |           |                                                          |         |             |  |