

|                                                                                                                                                        |                  |                                                                                                                                                                                 |       |                                                         |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------------|--|
| No. <b>W 83754</b>                                                                                                                                     |                  | <b>Due no later than May 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><br>ACCURATE CONSTRUCTION FRAMING AND FINISH, LLC<br>REGINA ROBINS<br>10295 HIGHLANDER RD<br>BOISE ID 83709<br>USA |       | RUSSELL ROBINS<br>10295 HIGHLANDER RD<br>BOISE ID 83709 |         |                   |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                 |       | 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                                                                                                                                                 | DAVE BIXLER      | 691 NORTH STEED PLACE                                                                                                                                                           | KUNA  | ID                                                      | USA     | 83634             |  |
| MEMBER                                                                                                                                                 | RUSSELL S ROBINS | 10295 W. HIGHLANDER                                                                                                                                                             | BOISE | ID                                                      | USA     | 83709             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                               |       |                                                         |         |                   |  |
| <b>ID<br/>W 83754</b>                                                                                                                                  |                  | Signature: Regina Robins                                                                                                                                                        |       |                                                         |         | Date: 03/17/2013  |  |
|                                                                                                                                                        |                  | Name (type or print): Regina Robins                                                                                                                                             |       |                                                         |         | Title: Bookkeeper |  |
| Processed 03/17/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                       |       |                                                         |         |                   |  |