| No. W 23415 | | Due no later than Mar 31, 2017 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------------|--|---------------------------------------|-----------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | KIMBERLY M | KIMBERLY MARTIN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ADVANCED CONTRACTING L.L.C. KIMBERLY S. MARTIN PO BOX 5 LEWISTON ID 83501 | | LEWISTON I | 1217 BRYDEN AVE LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | inies: Enter Nai | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | MANAGER KIMBERLY MARTIN | | 1217 BRYDEN AVE | LEWISTON | ID | | 83501 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kimberly Martin | | D | Date: 03/29/2017 | | | |
| W 23415 | | Name (type or print): Kimberly Martin | | T | Title: Owner/Partner | | | |
| Processed 03/29/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |