

|  |                  |   |             |   |                     |
|--|------------------|---|-------------|---|---------------------|
| No. <b>W 28263</b>   |                  | <b>Due no later than Jan 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CAPITAL CONSTRUCTION LLC<br>JOSH ANDERSON<br>4260 E DIXIE<br>IDAHO FALLS ID 83401 |             | JOSH ANDERSON<br>4260 E DIXIE<br>IDAHO FALLS ID 83401 |                     |
|  |                  |   |             | 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  | JOSH ANDERSON    | 613 COLLEGE ST. #3  | IDAHO FALLS | ID  | 84301               |
| MANAGER  | BRIANNE ANDERSON | 613 COLLEGE ST. #3  | IDAHO FALLS | ID  | 83401               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 28263</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Josh Anderson<br>Name (type or print): Josh Anderson<br>Date: 02/24/2016<br>Title: manager  |             |   |                     |
| Processed 02/24/2016   |                  | * Electronically provided signatures are accepted as original signatures.   |             |   |                     |