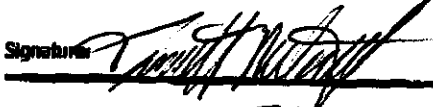
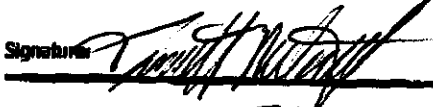
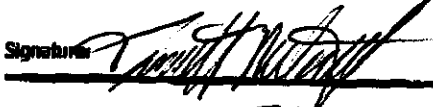


No. W 57517	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ADVANCED CONCRETE PUMPING, LLC 2839 E WHEELBARROW RD POST FALLS ID 83854		TIMOTHY E METCALF 2839 E WHEELBARROW RD POST FALLS ID 83854														
			3. New Registered Agent Signature														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead></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											
<table border="1"><tbody><tr><td colspan="7">Manager/ Member (circle one)</td></tr><tr><td colspan="7">Timothy Metcalf 2839 E. Wheelbarrow Rd Post Falls Id 83854</td></tr></tbody></table>				Manager/ Member (circle one)							Timothy Metcalf 2839 E. Wheelbarrow Rd Post Falls Id 83854						
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Timothy Metcalf 2839 E. Wheelbarrow Rd Post Falls Id 83854																	
5. Organized Under the Laws of: IDAHO W 57517		6. <table border="1"><tr><td>Signature: </td><td>Date: 03-28-11</td></tr><tr><td>Name (type or print): Timothy Metcalf</td><td>Title: Owner</td></tr></table>		Signature: 	Date: 03-28-11	Name (type or print): Timothy Metcalf	Title: Owner										
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Issued 03/23/2011 by DK1																	