

|  |                |  |            |  |         |             |  |
|--|----------------|--|------------|--|---------|-------------|--|
| No. <b>W 24334</b>   |                | <b>Due no later than May 31, 2009</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>KINGHORN MASONRY & PRECAST, LLC<br>388 NORTH 3600 EAST<br>LEWISVILLE ID 83431 |            | CLAIR KINGHORN<br>388 NORTH 3600 EAST<br>LEWISVILLE ID 83431 |         |             |  |
|  |                |  |            | 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   | CLAIR KINGHORN | 388 NORTH 3600 EAST  | LEWISVILLE | ID   | USA     | 83431       |  |
| MEMBER   | LEXIE KINGHORN | 388 NORTH 3600 EAST  | LEWISVILLE | ID   | USA     | 83431       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 24334</b>   |                | 6. Annual Report must be signed.*<br>Signature: Clair Kinghorn<br>Name (type or print): Clair Kinghorn<br>Date: 06/29/2009<br>Title: Member    |            |  |         |             |  |
| Processed 06/29/2009   |                | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |  |