| No. <b>C 134683</b>   |                  | Due no later than Jul 31, 2018   |                      | 2. Registered A | 2. Registered Agent and Address (NO PO BOX)                              |         |             |  |
|---|------------------|--|----------------------|-----------------|--|---------|-------------|--|
| Return to:  |                  | Annual Report Form   |                      |                 | RICHARD L BURK   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |                  | 1. Mailing Address: Correct in this box if needed.  RICK'S EXCAVATION, INC.  RICHARD L BURK  1041 CHERRY HILL  Hailey ID 83333 |                      | HAILEY ID       | 1041 CHERRY HILL DR HAILEY ID 83333  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                  | USA  |                      |                 |  |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |                  |  |                      |                 |  |         |             |  |
| Office Held   | Name             |  | Street or PO Address | City            | State  | Country | Postal Code |  |
| DIRECTOR  | ALEAH H WIESEN   |  | P.O. BOX 443         | BELLEVUE        | ID   | USA     | 83313       |  |
| DIRECTOR  | ROBERT J WIESEN  |  | P.O. BOX 443         | BELLEVUE        | ID   | USA     | 83313       |  |
| DIRECTOR  | APRIL L NACHTMAN |  | 820 GANNETT RD.      | BELLEVUE        | ID   | USA     | 83313       |  |
| DIRECTOR  | MELLISA A OWENS  |  | P.O BOX 695          | BELLEVUE        | ID   | USA     | 83313       |  |
| PRESIDENT   | RICHARD L        |  | 1041 CHERRY HILL     | HAILEY          | ID   | USA     | 83333       |  |
| SECRETARY   | GAYLYNN BU       | JRK  | 1041 CHERRY HILL     | HAILEY          | ID   | USA     | 83333       |  |
| 5. Organized Under the Laws of:   |                  | 6. Annual Report must be signed.*  |                      |                 |  |         |             |  |
| ID  |                  | Signature: Gaylynn Burk  |                      |                 | Date: 05/24/2018   |         |             |  |
| C 134683  |                  | Name (type or print): Gaylynn Burk   |                      |                 | Title: Secretary   |         |             |  |
| Processed 05/24/2018 * Electronically provided signatures are accepted as original signatures.                    |                  |  |                      |                 |  |         |             |  |