

|                                                                                                                                                        |               |                                                                                                                                                                                      |           |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 51469</b>                                                                                                                                     |               | <b>Due no later than Jun 30, 2012</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>TY'S CONSTRUCTION, LLC<br>JAMI N MYERS<br>1652 SUN HILL LOOP<br>POCATELLO ID 83201 |           | JAMI N MYERS<br>1652 SUN HILL LOOP<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                      |           | 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                                                                                                                                                 | JAMI N MYERS  | 1652 SUN HILL LOOP                                                                                                                                                                   | POCATELLO | ID                                                       | USA     | 83201       |  |
| MEMBER                                                                                                                                                 | TYLER T MYERS | 1652 SUN HILL LOOP                                                                                                                                                                   | POCATELLO | ID                                                       | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 51469</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Jami Myers<br>Name (type or print): Jami Myers<br>Date: 04/17/2012<br>Title: Member                                                  |           |                                                          |         |             |  |
| Processed 04/17/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                            |           |                                                          |         |             |  |