| No. <b>C 211658</b>  |                 | Due no later than Nov 30, 2017   |  | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX)   |         |             |  |
|--|-----------------|--|--|------------------|---|---------|-------------|--|
| Return to:   |                 | Annual Report Form   |  |                  | DAVID WILLIAMS 516 S WHITLEY DR FRUITLAND ID 83619  3. New Registered Agent Signature:* |         |             |  |
| 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.  D AND M EXCAVATION AND FIRE SUPPRESSION, INC. DAVID WILLIAMS 516 S WHITLEY DR FRUITLAND ID 83619 |  |                  |   |         |             |  |
|  |                 |  |  |                  |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 | TROTTENINE   |  |                  |   |         |             |  |
| 4. Corporations: Enter N   | lames and Busin | ess Addresses o  | of President, Secretary, and Directors. Treasu | rer (optional).  |   |         |             |  |
| Office Held  | Name            |  | Street or PO Address                           | City             | State   | Country | Postal Code |  |
| TREASURER  | DUANE WILL      | IAMS   | 113 E 4TH ST                                   | BLUE EARTH       | MN  | USA     | 56013       |  |
| SECRETARY  | MANDI WILL      | IAMS   | 516 S WHITLEY DR                               | FRUITLAND        | ID  | USA     | 83619       |  |
| VICE PRESIDENT   | MANDI WILL      | IAMS   | 516 S WHITLEY DR                               | FRUITLAND        | ID  | USA     | 83619       |  |
| PRESIDENT  | DAVID WILL      | IAMS   | 516 S WHITLEY DR                               | FRUITLAND        | ID  | USA     | 83619       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Rep  | ort must be signed.*                           |                  |   |         |             |  |
| ID<br>C 211658   |                 | Signature: Amanda Beren  |  |                  | Date: 09/12/2017  |         |             |  |
|  |                 | Name (type   | or print): Amanda Beren                        |                  | Title: Filer  |         |             |  |
| Processed 09/12/2017   |                 | * Electronically   | provided signatures are accepted as original   | signatures.      |   |         |             |  |