

|                                                                                                                                                        |                  |                                                                                                                                                                                                     |        |                                                                |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 98660</b>                                                                                                                                     |                  | <b>Due no later than Dec 31, 2016</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>TOM STEPHENSON CONSTRUCTION LLC<br>THOMAS R STEPHENSON<br>31 RED ROCK STAGE RD<br>SALMON ID 83467 |        | THOMAS R STEPHENSON<br>31 RED ROCK STAGE RD<br>SALMON ID 83467 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                                     |        | 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                                                                                                                                                 | ANN T STEPHENSON | 33 RED ROCK STAGE ROAD                                                                                                                                                                              | SALMON | ID                                                             | USA     | 83467            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                                   |        |                                                                |         |                  |  |
| <b>ID<br/>W 98660</b>                                                                                                                                  |                  | Signature: Tom stephenson                                                                                                                                                                           |        |                                                                |         | Date: 10/29/2016 |  |
|                                                                                                                                                        |                  | Name (type or print): Tom stephenson                                                                                                                                                                |        |                                                                |         | Title: Owner     |  |
| Processed 10/29/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |        |                                                                |         |                  |  |