| No. <b>C 212596</b>  |               | Due no later than Feb 28, 2018   |  | 2. Registered Agent and Address (NO PO BOX)                              |                       |       |         |             |
|--|---------------|--|--|--|-----------------------|-------|---------|-------------|
| Return to:   |               | Annual Report Form   |  | JARED R THOMPSON   |                       |       |         |             |
| 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.  THOMPSON EXCAVATION & ASPHALT, INC.  JARED R THOMPSON PO BOX 610  REXBURG ID 83440 |  | 5410 S 1650 W REXBURG ID 83440-8344  3. New Registered Agent Signature:* |                       |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |               |  |  |  |                       |       |         |             |
| 4. Corporations: Enter Nan   | nes and Busin | ess Addresses of I   | President, Secretary, and Directors. T | reasurer (   | optional).            |       |         |             |
| Office Held  | Name          |  | Street or PO Address                   |  | City                  | State | Country | Postal Code |
| PRESIDENT  | JARED R TH    | HOMPSON  | 5410                                   |  | REXBURG               | ID    | USA     | 83440       |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |  |  |                       |       |         |             |
| ID   |               | Signature: Dallen Thompson   |  | Date: 01/11/2018   |                       |       |         |             |
| C 212596   |               | Name (type or print): Dallen Thompson  |  |  | Title: Office Manager |       |         |             |
| Processed 01/11/2018 * Electronically provided signatures are accepted as original signatures. |               |  |  |  |                       |       |         |             |