No. C 202506	Du	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 POISE ID 83720-0080 P. O. I		Annual Report Form Idress: Correct in this box if needed N PRECAST, INC. D 83877	3635 COVING POST FALLS	SHAWN STERNBERG 3635 COVINGTON AVENUE POST FALLS ID 83854 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4 Corporations: Enter Names and Bus	iness Addresses of F	President, Secretary, and Directors. Treas	surer (ontional)			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
TREASURER JUSTIN L. STERNBERG SECRETARY JUSTIN L. STERNBERG		P. O. BOX 895 P. O. BOX 895	POST FALLS POST FALLS	ID ID	USA USA	83877-0895 83877-0895
			POST FALLS	ID	USA	83877-0895
5. Organized Under the Laws of: 10 6. Annual Report must Signature: Shawn S Name (type or print					05/03/2017 President	
Processed 05/03/2017	* Electronically provided signatures are accepted as original signatures.					