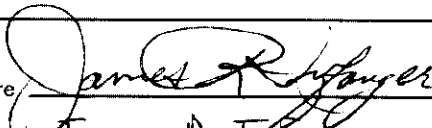


No. W 4187	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX JAMES ROBERT INFANGER 174 HWY 93 S SALMON ID 83467												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct JB UTILITY CONTRACTORS, LLC JAMES ROBERT INFANGER PO BOX 225 SALMON ID 83467	3. Organized Under the Laws of: ID W 4187												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)														
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>James R Infanger</td> <td>Po Bx 225</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip		James R Infanger	Po Bx 225	Salmon	ID	83467
Office held	Name	Street or P.O. Address	City	State	Zip									
	James R Infanger	Po Bx 225	Salmon	ID	83467									
5. Signature of New Registered Agent	6. <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) <u>James R Infanger</u> </div> <div style="width: 35%;"> Date <u>7-15-99</u> Title _____ </div> </div> </div>													

ISSUED: 07-03-1999

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