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|--|--|---|--|-------|---------|-------------|
| No. <b>C 96036</b>   | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>LOOSLI EXCAVATING, INC.<br>SUSAN L LOOSLI<br>PO BOX 408<br>TWIN FALLS ID 83303-0408 |   | SUE LOOSLI<br>680 MORNINGSUN DR<br>TWIN FALLS ID 83303 |       |         |             |
|  |  |   | 3. <u>New</u> Registered Agent Signature:*             |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |  |   |  |       |         |             |
| Office Held  | Name   | Street or PO Address  | City   | State | Country | Postal Code |
| SECRETARY  | SUSAN L. LOOSLI  | P.O. BOX 408  | TWIN FALLS   | ID    | USA     | 83303-0408  |
| PRESIDENT  | C. DUANE LOOSLI  | P.O. BOX 408  | TWIN FALLS   | ID    | USA     | 83303-0408  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 96036</b>   | 6. Annual Report must be signed.*<br>Signature: Susan L. Loosli<br>Name (type or print): Susan L. Loosli   |   | Date: 06/22/2017<br>Title: Secretary                   |       |         |             |
| Processed 06/22/2017   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |