

|                                                                                                                                                        |                        |                                                                                                                                                               |               |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>C 193582</b>                                                                                                                                    |                        | <b>Due no later than Feb 28, 2013</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><br>ANDREWS EXCAVATION INC.<br>LAURIE A ANDREWS<br>1051 OLD HWY 2 LOOP<br>MOYIE SPRINGS ID 83845 |               | BEN ANDREWS<br>1051 OLD HWY 2 LOOP<br>MOYIE SPRINGS ID 83845 |         |             |  |
|                                                                                                                                                        |                        |                                                                                                                                                               |               | 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                                                                                                                                              | LAURIE ANNE ANDREWS    | 1051 OLD HWY 2 LOOP                                                                                                                                           | MOYIE SPRINGS | ID                                                           | USA     | 83845       |  |
| PRESIDENT                                                                                                                                              | BENJAMIN LISLE ANDREWS | 1051 OLD HWY 2 LOOP                                                                                                                                           | MOYIE SPRINGS | ID                                                           | USA     | 83845       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 193582</b>                                                                                          |                        | 6. Annual Report must be signed.*<br>Signature: Laurie andrews<br>Name (type or print): Laurie andrews                                                        |               |                                                              |         |             |  |
| Date: 02/28/2013<br>Title: Secretary                                                                                                                   |                        |                                                                                                                                                               |               |                                                              |         |             |  |
| Processed 02/28/2013                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                     |               |                                                              |         |             |  |