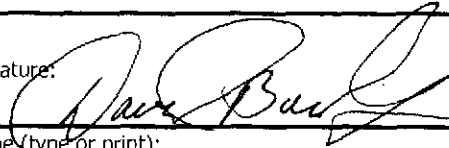


No. <b>W 59596</b>	<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  DAVID J BAILEY 77 BLACK TAIL VIEW GRANGEVILLE ID 83530																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  BAILEY CONSTRUCTION, LLC DAVID J BAILEY 77 BLACK TAIL VIEW GRANGEVILLE ID 83530		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kristoffer Bailey</td> <td>614 S. State St.</td> <td>Grangeville ID</td> <td></td> <td></td> <td>83530</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>David Bailey</td> <td>77 Black Tail View</td> <td>Grangeville ID</td> <td></td> <td></td> <td>83530</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kristoffer Bailey	614 S. State St.	Grangeville ID			83530	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David Bailey	77 Black Tail View	Grangeville ID			83530	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">             IDAHO              W 59596           </div>		6. Signature:  <hr/> Name (type or print): <u>David Bailey</u> <div style="float: right; text-align: right;">         Date: <u>1-3-17</u>          Title: _____       </div>																																				
Issued 12/22/2016 by DK1 <span style="float: right;">121647</span>																																						