

No. W 62226		Due no later than May 31, 2017		Annual Report Form				2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COCHRANE EXCAVATION LLC SAMANTHA K COCHRANE PO BOX 13 CATALDO ID 83810-1013 USA		SAMANTHA COCHRANE 710 WASHINGTON ST SMELTERVILLE ID 83868				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
MANAGER	SAMANTHA COCHRANE	PO BOX 13	CATALDO	ID		83810			
MANAGER	RONALD D COCHRANE	PO BOX 13	CATALDO	ID	USA	83810-1013			
5. Organized Under the Laws of: ID W 62226		6. Annual Report must be signed.* Signature: Samantha K Cochrane Name (type or print): Samantha K Cochrane Date: 03/25/2017 Title: owner							
Processed 03/25/2017		* Electronically provided signatures are accepted as original signatures.							