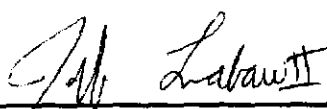
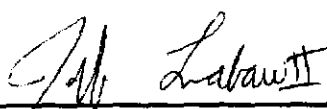
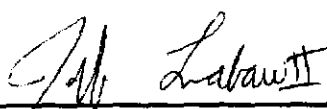


No. <b>W 150461</b>	<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX) REGISTERED AGENTS INC. 105 S 6TH ST STE A COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ASPHALT PROFESSIONALS, LLC 148 BLUE LAKES BLVD N STE 335 TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeff Ludlow	850 Grace Dr W	Twin Falls	ID	USA	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 150461</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>4/18/2016</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Jeff Ludlow</u> </td> <td>           Title:  <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>4/18/2016</u>	Name (type or print): <u>Jeff Ludlow</u>	Title: <u>Member</u>
Signature: 	Date: <u>4/18/2016</u>				
Name (type or print): <u>Jeff Ludlow</u>	Title: <u>Member</u>				

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