

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 571	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	BURKE C WILLIAMS 3200 RIVA RIDGE WAY
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address - Please Correct If Not Correct	BOISE ID 83709
* FIRST NOTICE *	SPECIALTY EARTHWORKS LTD. CO. BURKE C WILLIAMS 3200 RIVA RIDGE WAY	3. Organized Under The Laws of
NO FEE REQUIRED	BOISE ID 83709	ID
		NO: 571

4. Names and Addresses of ☒ Managers or ☐ Members (check one)	MUST BE PRINTED OR TYPED															
<table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Burke C. Williams</td> <td>3200 Riva Ridge Way</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Charles J Schoenfelder</td> <td>3951 Morningwind Ave.</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Burke C. Williams	3200 Riva Ridge Way	Boise	Idaho	83709	Charles J Schoenfelder	3951 Morningwind Ave.	Boise	Idaho	83706	
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Burke C. Williams	3200 Riva Ridge Way	Boise	Idaho	83709												
Charles J Schoenfelder	3951 Morningwind Ave.	Boise	Idaho	83706												

5. Signature of the Current Registered Agent (if changed in block 2) <u>Burke C. Williams</u>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Burke C. Williams</u> Date <u>8/22/95</u> Name (Typed or Printed) <u>Burke C. Williams</u>
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