

No. W 54676		Due no later than Sep 30, 2011		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		Annual Report Form		MICHAEL C ARAVE 882 E 1000 N SHELLEY ID 83274			
		1. Mailing Address: Correct in this box if needed.					
		MICHAEL C ARAVE CONSTRUCTION, LLC MICHAEL C ARAVE PO BOX 12 SHELLEY ID 83274		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	MICHAEL C ARAVE	882 E 1000 N	SHELLEY	ID	USA	83274	
MANAGER	JENNIFER ARAVE	882 E 1000 N	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 54676		Signature: Michael Arave			Date: 10/10/2011		
		Name (type or print): Michael Arave			Title: Manager		
Processed 10/10/2011		* Electronically provided signatures are accepted as original signatures.					