

|                                                                                                                                                        |                      |                                                                                                                                                                                          |              |                                                        |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------|---------|------------------|--|
| No. <b>C 158222</b>                                                                                                                                    |                      | <b>Due no later than Jan 31, 2016</b>                                                                                                                                                    |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DEPENDABLE CONTRACTING, INC.<br>JIM FITZMORRIS<br>PO BOX 2321<br>PRIEST RIVER ID 83856 |              | JIM FITZMORRIS<br>138 HOOP DR<br>PRIEST RIVER ID 83856 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                          |              | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                      |                                                                                                                                                                                          |              |                                                        |         |                  |  |
| Office Held                                                                                                                                            | Name                 | Street or PO Address                                                                                                                                                                     | City         | State                                                  | Country | Postal Code      |  |
| SECRETARY                                                                                                                                              | LYNETTE I FITZMORRIS | PO BOX 2321                                                                                                                                                                              | PRIEST RIVER | ID                                                     | USA     | 83856            |  |
| PRESIDENT                                                                                                                                              | JIM D FITZMORRIS     | PO BOX 2321                                                                                                                                                                              | PRIEST RIVER | ID                                                     | USA     | 83856            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                                                        |              |                                                        |         |                  |  |
| <b>ID<br/>C 158222</b>                                                                                                                                 |                      | Signature: Lynette Fitzmorris                                                                                                                                                            |              |                                                        |         | Date: 01/19/2016 |  |
|                                                                                                                                                        |                      | Name (type or print): Lynette Fitzmorris                                                                                                                                                 |              |                                                        |         | Title: Secretary |  |
| Processed 01/19/2016                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                |              |                                                        |         |                  |  |