No. W 58230		Due no later than Jan 31, 2010	2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TRAVIS BRIXEY 28107 FOUNTAIN RD PARMA ID 83660 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needs BRIXEY'S CONSTRUCTION SPECIALTIES LLC TRAVIS BRIXEY 28107 FOUNTAIN RD PARMA ID 83660					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER TRAVIS BRI		IXEY 28107 FOUNTAIN RD		PARMA	ID	USA	83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Travis Brixey		Date: 02/10/2010			
W 58230		Name (type or print): Travis Brixey		Title: Owner			
Processed 02/10/2010 * Electronically provided signatures are accepted as original signatures.							