

|                                                                                                                                                        |                |                                                                                                                                                                        |           |                                                             |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------|-------------------|--|
| No. <b>C 103789</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br><br>KOOTENAI EXCAVATORS, INC.<br>MARK S. GRAHAM<br>31656 HWY 200 E STE A<br>PONDERAY ID 83852-9500<br>USA |           | MARK GRAHAM<br>31656 HWY 200 E STE A<br>PONDERAY 83852-9500 |         |                   |  |
|                                                                                                                                                        |                |                                                                                                                                                                        |           | 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                                                                                                                                              | TINA GRAHAM    | 558 FIRESTONE LANE                                                                                                                                                     | SANDPOINT | ID                                                          | USA     | 83864             |  |
| PRESIDENT                                                                                                                                              | MARK S. GRAHAM | 558 FIRESTONE LANE                                                                                                                                                     | SANDPOINT | ID                                                          | USA     | 83864             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                      |           |                                                             |         |                   |  |
| <b>ID<br/>C 103789</b>                                                                                                                                 |                | Signature: Sheryle Davenport                                                                                                                                           |           |                                                             |         | Date: 11/10/2014  |  |
|                                                                                                                                                        |                | Name (type or print): Sheryle Davenport                                                                                                                                |           |                                                             |         | Title: Bookkeeper |  |
| Processed 11/10/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                              |           |                                                             |         |                   |  |