

|  |                  |  |       |  |         |                  |  |
|--|------------------|--|-------|--|---------|------------------|--|
| No. <b>W 76414</b>   |                  | <b>Due no later than Jul 31, 2012</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>WESTERN ROOFING-OREGON, LLC<br>HOLLY DRINKARD<br>8225 E DRINKARD LANE<br>NAMPA ID 83687<br>USA |       | ROB DRINKARD<br>8225 E DRINKARD LANE<br>NAMPA ID 83687 |         |                  |  |
|  |                  |  |       | 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      |  |
| MEMBER   | HOLLY K DRINKARD | 8225 E DRINKARD LANE   | NAMPA | ID   | USA     | 83687            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 76414</b>  |                  | Signature: HollyKay Drinkard   |       |  |         | Date: 05/14/2012 |  |
|  |                  | Name (type or print): HollyKay Drinkard  |       |  |         | Title: Member    |  |
| Processed 05/14/2012   |                  | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |